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Anti-Drug Abuse Act of 1988

State of Illinois

Application

and

Statewide Strategy to Control

Drug and Violent Crime

December 1991

State of Illinois
Jim Edgar, Governor

Illinois Criminal Justice Information Authority
Peter B. Bensinger, Chairman
J. David Coldren, Executive Director
Barbara McDonald, Deputy Director

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501(b)(2) Multi-jurisdictional task force programs that integrate federal, state, and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination, intelligence, and facilitating multi-jurisdictional investigations;

501(b)(4) Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions;

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RESOLUTION

December 10, 1991

BUDGET COMMITTEE RESOLUTION H (1991)

Illinois' FFY92 Statewide Strategy to Control Drug and Violent Crime

KENNETH R. BOYLE
*Committee Chairman
Director, Office of the State's
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PETER B. BENSINGER
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Committee Liaison

WHEREAS, Chapter 38, Paragraph 210-7 (k) of the Illinois Revised Statutes establishes the Illinois Criminal Justice Information Authority as the agency "to apply for, receive, establish priorities for, allocate, disburse and spend grants of funds that are made available ... from the United States pursuant to the federal Crime Control Act of 1973, as amended, and similar federal legislation, and to enter into agreements with the United States government to further the purposes of this Act, or as may be required as a condition of obtaining federal funds"; and

WHEREAS, the Anti-Drug Abuse Act of 1988 authorized the Drug Control and System Improvement Grant Program; and

WHEREAS, the Authority reviewed Section 501 of the Anti-Drug Abuse Act, an analysis of data, written and oral testimony received at public hearings, and the need for services to address the state's drug and violent crime problems and selected the following program areas as the funding priorities of Illinois' FFY92 Statewide Strategy to Control Drug and Violent Crime:

501(b)(2) Multi-jurisdictional task force programs that integrate federal, state, and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination, intelligence, and facilitating multi-jurisdictional investigations;

501(b)(4) Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions;

501(b)(7)(A) Improving the operational effectiveness of law enforcement through the use of crime analysis techniques, street sales enforcement, schoolyard violator programs, gang-related and low-income housing drug control programs;

501(b)(8) Career criminal prosecution programs including the development of proposed model drug control legislation;

501(b)(9) Financial investigative programs that target the identification of money laundering operations and assets obtained through illegal drug trafficking, including the development of proposed model legislation, financial investigative training, and financial information sharing systems;

501(b)(10) Improving the operational effectiveness of the court process by expanding prosecutorial, defender, and judicial resources, and implementing court delay reduction programs;

501(b)(11) Programs designed to provide additional public correctional resources and improve the corrections system, including treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies;

501(b)(12) Providing prison industry projects designed to place inmates in a realistic working and training environment which will enable them to acquire marketable skills and to make financial payments for restitution to their victims, for support of their own families, and for support of themselves in the institution;

501(b)(13) Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders;

501(b)(15)(A) Developing programs to improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug-dependent offenders, enhancement of state and local forensic laboratories;

(B) Criminal justice information systems to assist law enforcement, prosecution, courts, and corrections organization (including automated fingerprint identification systems).

501(b)(16) Innovative programs that demonstrate new and different approaches to enforcement, prosecution, and adjudication of drug offenses and other serious crimes;

501(b)(18) Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly;

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501(b)(19) Drug control evaluation programs;

501(b)(20) Providing alternatives to prevent detention, jail, and prison for persons who pose no danger to the community;

501(b)(21) Programs to strengthen urban enforcement and prosecution efforts targeted at street drug sales; and

WHEREAS, the Budget Committee, acting on behalf of the Authority pursuant to the "Operating Procedures For The Administration of Federal Funds" and after identifying State and local drug enforcement and violent crime needs and consulting extensively with criminal justice leaders throughout the State, has selected more specific program strategies for Illinois' FFY92 Drug Enforcement and Violent Crime Strategy.

BE IT FURTHER RESOLVED, that the Budget Committee adopts the following Statewide Strategy to Control Drug and Violent Crime for federal fiscal year 1992:

FFY92 STATEWIDE STRATEGY TO CONTROL DRUG AND VIOLENT CRIME

Administration

Total Administration	\$878,500
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Local Level Funding

501(b)(2)	Multi-Jurisdictional Task Forces	\$3,932,249
501(b)(7)	Operational Effectiveness	\$500,000
501(b)(10)	Court Program/Public Defender Services	\$350,000
501(b)(15B)	Information Systems	\$566,720
501(b)(16)	Innovative Programs	\$1,750,000
501(b)(20)	Alternatives to Detention	\$1,141,472
501(b)(21)	Urban Street Sales Enforcement	\$2,527,245
	Local Level Sub-Total	\$10,767,686

State Level Funding

501(b)(2)	Multi-Jurisdictional Task Forces	\$800,000
501(b)(4)	Community Crime Prevention	\$153,750
501(b)(7)	Operational Effectiveness	\$435,000
501(b)(8)	Career Criminal Prosecution	\$150,000
501(b)(9)	Money Laundering	\$120,000
501(b)(10)	Court Program/Public Defender Services	\$150,000
501(b)(11)	Corrections/Intensive Supervision	\$2,372,148
501(b)(15A)	Crime Labs and Drug Testing	\$481,136

501(b)(15B)	Information Systems	\$311,780
501(b)(18)	System Response to Victims	\$100,000
501(b)(19)	Evaluation	\$850,000

State Level Sub-Total	\$5,923,814
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BE IT FURTHER RESOLVED, that the Executive Director shall forward the approved Strategy and Application to the Office of Justice Programs pursuant to the Authority's rules and regulations.

ADOPTED by the Illinois Criminal Justice Information Authority Budget Committee this 10th day of December, 1991.



Committee Chairman

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FFY92 Drug Strategy Executive Summary

Illinois FFY92 drug strategy builds on the experience of the first five years of the state's anti-drug program, available data, and the testimony of federal, state and local law enforcement officials. The Authority began the strategy development process with an analysis of existing data and a review of projects receiving Anti-Drug Abuse Act funding. That work indicated:

- Illinois has improved its ability to measure the drug program and evaluate different responses to it.
- The number of counties participating in a multi-jurisdictional task force has grown from 35 in 1987 to 80 in 1991.
- Police in Illinois arrested 47,242 people for drug offenses in 1990. Nearly two-thirds of these individuals were arrested for cocaine and other controlled substance violations.
- Law enforcement and prosecutors are aggressively pursuing cases under revised state asset seizure and forfeiture law. In FY91, more than \$9.1 million was deposited into the Illinois State Police Forfeiture fund, 32% more than the \$6.9 million deposited in FY90.
- Abuse of drugs by Illinois youth has decreased.
- Conviction rates of multi-jurisdictional drug prosecution units are 90%.
- Preliminary feedback for special residential treatment programs for convicted offenders are encouraging.
- Crime labs have made significant progress in reducing backlogs and case processing times.
- Drug testing programs are being implemented across the state. Preliminary feedback on the effect of drug testing in reducing drug use by offenders are encouraging.
- Violent offenses have increased, in part due to a growth in gang activity in the metropolitan areas of the state.

It also showed however that many Illinois cities are experiencing record levels of violence, that drugs remained easily obtainable by those who wanted them, that last year's reduced supply of cocaine has since rebounded resulting in increased purity and decreased price, crack appears to no longer be primarily a Chicago problem with the

availability of crack at an all-time high, LSD has emerged as a problem in some areas of the state, that controlled substances are primarily a "city" problem while marijuana is more evident in rural areas, and that marijuana is the state's third largest "cash crop" with many growers appearing to be average citizens.

The data and impressions gleaned from various drug enforcement programs were borne out by 143 witnesses who offered testimony on the direction of Illinois' anti-drug program. They also reminded the Authority not to ignore the infrastructure of the system and encouraged adoption of a balanced comprehensive approach at the local level to avoid overburdening one part of the system.

Following a two-day workshop in which representatives of the police, sheriffs, state's attorneys, court, board of education, and treatment providers participated, a multi-faceted strategy was adopted to :

- Continue overt and covert enforcement efforts.
- Continue multi-jurisdictional drug prosecution efforts.
- Develop and test pilot programs for dealing with Illinois' gang and violent crime problems.
- Continue specialized programs for drug probationers.
- Strengthen the system's infrastructure.
- Continue treatment of offenders.
- Continue evaluation efforts.
- Develop new alternatives to detention for non-violent, high-risk offenders.
- Develop a sound plan for improving Illinois' criminal history record information.
- Develop model protocols to guide the criminal justice system's response to crime victims.
- Reduce profits of drug traffickers through a financial reporting program targeting illegal money laundering operations.

Introduction

Policy Board

The Illinois Criminal Justice Information Authority is a state agency created in 1983 to improve the administration of criminal justice in Illinois through the effective use of information and information technology. The Authority works to enhance the information tools and management resources of individual criminal justice agencies. It also serves as a statewide forum for criminal justice planning and for solving problems that span different parts of the criminal justice system. With the passage of the *State and Local Law Enforcement Assistance Act of 1986*, the Authority, statutorily responsible for administering the Act in Illinois, became the state's drug policy board as well.

The specific powers and duties of the Authority are delineated in the *Illinois Criminal Justice Information Act* (Ill. Rev. Stat., ch. 38, par. 210-1 et seq). They include the following:

- Developing information systems for the improvement and coordination of law enforcement, prosecution, and corrections;

- Monitoring the operation of existing criminal justice information systems in order to protect the constitutional rights and privacy of citizens;

- Serving as a clearinghouse of information and research on criminal justice;

- Undertaking research studies to improve the administration of criminal justice;

- Establishing general policies concerning criminal justice information and advising the Governor and the General Assembly on criminal justice policies;

- Acting as the sole administrative appeal body in Illinois to conduct hearings and make final determinations concerning citizens' challenges to the completeness and accuracy of their criminal history records;

Serving as the sole, official criminal justice body in the state to audit the state central repositories for criminal history records;

Developing and implementing comprehensive strategies for using criminal justice funds awarded to Illinois by the federal government.

The Authority consists of: (1) a 15-member board representing different parts of the criminal justice system and the private sector; and (2) a professional staff trained in criminal justice administration, information technology, research and analysis, and agency management. In addition, the Authority occasionally organizes advisory committees or work groups, consisting of Authority members, staff, other criminal justice officials, researchers and other experts, to address specific problems or needs. Given its unique composition and role in criminal justice in the state, the Authority is ideally suited to be the state's drug policy board. By statute, the Authority's membership includes the following people:

Two local police chiefs--the Chicago police superintendent and another chief who is appointed by the Governor;

Two state's attorneys--the Cook County state's attorney and a chief prosecutor from another county who is appointed by the Governor;

Two sheriffs--the Cook County sheriff and a sheriff from another county who is appointed by the Governor;

Four state officials--the attorney general (or a designee), the directors of the Illinois departments of Corrections and State Police, and the director of the Office of the State's Attorneys Appellate Prosecutor;

Five members of the public who are appointed by the Governor.

The Governor also designates a chairperson from among the agency's 15 members. The current chairperson is former DEA director Peter B. Bensinger. Authority members are not paid, but are reimbursed for expenses related to their official duties with the agency. The Authority meets in open public hearings at least four times a year; these meetings are usually held in the agency's office in downtown Chicago.

The Authority's staff includes people from a variety of backgrounds and disciplines. To help maintain this staff diversity the Authority aggressively pursues equal employment opportunities. In fiscal year 1991, for the seventh consecutive year, the Illinois Department of Human Rights approved the Authority's EEO plan, and the Authority worked closely with the department to receive up-to-date training on affirmative action and to inform qualified minority candidates of positions within the agency. Over the last four years, the Authority has also worked to make employment opportunities available to people with physical disabilities.

Federal, State, and Local Criminal Justice Participation in Strategy Development and Public Comment

The Authority is committed to ensuring that Illinois' drug control strategy reflects not only the interests and concerns of those federal, state, and local officials whose duty it is to enforce the drug and criminal laws and to direct the administration of justice within Illinois, but also the views of citizens and neighborhood and community groups as well. To that end, the Authority has conducted public hearings and is undertaking a number of measures to provide opportunity for comment on any strategy proposed to the Department of Justice.

Public Hearings

Two days of public hearings on the amended *Anti-Drug Abuse Act of 1988* were held in November, 1991. More than 2,500 notices of the hearings were sent to members of the Illinois General Assembly; Illinois' three U.S. attorneys; state agency directors; all police chiefs, sheriffs, state's attorneys, public defenders, and other county officials; multi-jurisdictional narcotic unit directors; regional police training directors; chief and circuit court judges; mayors or village presidents; community groups; and social service agencies throughout Illinois. (See Appendix A for a copy of the notice.) Notice of the hearings was also posted in the newspaper

designated by the state for such announcements. Press releases announcing the hearing were sent to newspapers and radio and television stations throughout the state. Two announcements of the hearings were also sent over the Illinois State Police LEADS system to which all major police departments and numerous other criminal justice agencies subscribe.

In all, 143 individuals and organizations - representing virtually all components of the criminal justice system, as well as citizen groups and service providers - either testified in person or submitted written remarks. (See Appendix B for a complete list of witnesses.)

Public and Legislative Review

The strategy itself is discussed at an open meeting of the Authority prior to its approval and submission to the Department of Justice. Interested officials and citizens who are unable to attend that meeting are notified of their opportunity to read and comment on the strategy via newspaper articles and posting in the state newspaper. To the extent possible, briefings of key groups with an interest in the strategy, such as the greater Cook County drug enforcement network, multi-jurisdictional narcotic unit directors, the chiefs of police and sheriffs associations, are also held while the strategy is in draft form. A summary of the strategy is also prepared and distributed to all police chiefs, sheriffs, state's attorneys, state agency directors, witnesses at the public hearings, and others on the Authority's mailing list concurrent with the submission of the strategy to the Department of Justice. Copies of the strategy are submitted to Illinois' *Single Point of Contact* as required by *Executive Order 12372* and to the Illinois General Assembly immediately upon approval by the Authority. Each state library receives a complete copy of the strategy as well.

Section I. Overview

Nature and Extent of Drug Abuse and Violent Crime in Illinois

Illinois, covering an area of 56,000 square miles, is the 24th largest state in terms of land mass and, with a population of 11,430,602, the 6th most populous state in the country. Extending approximately 385 miles from north to south and 200 miles across at its widest point, it is a complex mixture of large, urban population centers and vast rural areas representing a diversity of cultures and lifestyles.

Like many other states, Illinois has a major population center which is home to more than half of the state's 11.4 million residents. Chicago alone has nearly 2.8 million people, while the remainder of Cook County and the five collar counties have nearly 4.5 million additional residents. The remaining 4.2 million residents of the state are dispersed among 96 counties which range in population from 4,373 to 262,852. Thus, Illinois has both urban and rural regions with different needs which call for different interventions.

Because Chicago accounts for almost one-quarter of the state's population, drug abuse and violent crime data from Chicago are analyzed separately from data from other parts of the state in the remainder of this section.

Drugs Available Within Illinois

Although the use and distribution of illegal drugs are difficult to measure precisely, several sources of information, including data obtained from surveys and the criminal justice and public health care systems, are helpful in estimating the availability of drugs within the state.

Late in 1989, a statewide survey of 5,943 students was conducted in Illinois by the Department of Alcoholism and Substance Abuse to determine the prevalence of alcohol and drug use among youth who attended school in grades 7 through 12. When asked about the availability of drugs and alcohol, substantial percentages reported that illicit substances would be easy to obtain. For example, one in five 7th through 12th graders reported that it would be easy to obtain heroin and one in four, crack cocaine. In general, illicit drugs -- particularly heroin, cocaine, crack, marijuana, PCP, and LSD -- were reported to be somewhat easier to obtain in Cook County than in other areas of the state.

In early 1990, an Authority survey of 2,693 9th through 12th graders and 1,379 faculty members in 31 public high schools across the state found somewhat similar results. In response to questions concerning availability, the percentage of students indicating that it was easy to obtain various drugs was 56% for marijuana, 41% for pills, 26% for crack, and 28% for other types of cocaine. When teachers were asked about drug availability, the responses were remarkably similar to the students' perceptions. The percentage of teachers indicating that it was easy to obtain various drugs was 57% for marijuana, 39% for pills, 25% for crack, and 27% for other types of cocaine.

Additional information regarding the availability of illicit substances can be derived from multiple indicators from the criminal justice and public health systems. Several key indicators, such as Chicago area data on hospital emergency room admissions and the price of drugs on the street and statewide data on drug treatment admissions, are

summarized in the June 1991 Community Epidemiology Work Group (CEWG) report for Illinois. This report as well as other sources of information, such as crime laboratory data on the purity of drugs, provide a more detailed estimate of the availability of key drugs of abuse in Illinois for 1990 and early 1991:

Cocaine - Although selected indicators suggest that a reduction in the availability of cocaine occurred in late 1989 and early 1990, it appears that the cocaine supply has since rebounded. Cocaine is readily available throughout the state and remains the most visible drug on the street. What's more, the availability of "crack" cocaine is at an all time high.

With the rise in cocaine abuse during the first half of the 1980's came a dramatic increase in admissions to hospital emergency rooms (ER) for cocaine. In late 1989, however, cocaine-related ER admissions in the Chicago area began to decline. Among 38 Chicago-area emergency rooms that reported to the National Institute on Drug Abuse's (NIDA) Drug Abuse Warning Network (DAWN) over a 5-year period, cocaine-related ER episodes jumped from 130 in the second quarter of 1985 to a high of 1,021 in the third quarter of 1989, but then fell 24% to 781 during the first quarter of 1990. Among a slightly different panel of 35 emergency rooms reporting to DAWN, cocaine-related ER episodes decreased 25% between 1989 and 1990, from 6,509 to 4,904. During 1990, cocaine accounted for 35% of all drug-related ER episodes reported by this panel, compared to 40% in 1989.

Cocaine-related deaths appear to be following a similar pattern. Data reported to DAWN by medical examiners in five counties in the Chicago area reveal that 126 cocaine-related deaths were reported in 1990, a decrease of 42% from 219 cocaine-related deaths reported in 1989.

Treatment admissions for primary cocaine abuse have also begun to decline. The actual number of admissions in which cocaine was reported as the primary substance of abuse

increased 37% from 12,506 in FY88 to 17,179 in FY89, but then declined 11% in FY90 to 15,347. And after climbing as a percentage of all publicly funded drug (excluding alcohol) treatment admissions, from 2% in FY78 to 18% in FY86 and 53% in FY89, primary cocaine abusers fell to 45% of all drug (excluding alcohol) admissions in FY90. While the FY90 figures are encouraging, it is important to note that they represent only a portion of the overall demand for cocaine-related treatment in the state. Since 1980, numerous private programs have treated an unknown, though undoubtedly significant, number of cocaine clients who are not included in the state's reporting system.

Although each of these indicators is yielding encouraging signs, cocaine price and purity statistics, which are much more current, are painting a somewhat less optimistic picture. While price and purity data do suggest that the availability of cocaine dwindled in 1989 and early 1990, they provide strong evidence that the cocaine supply has since rebounded.

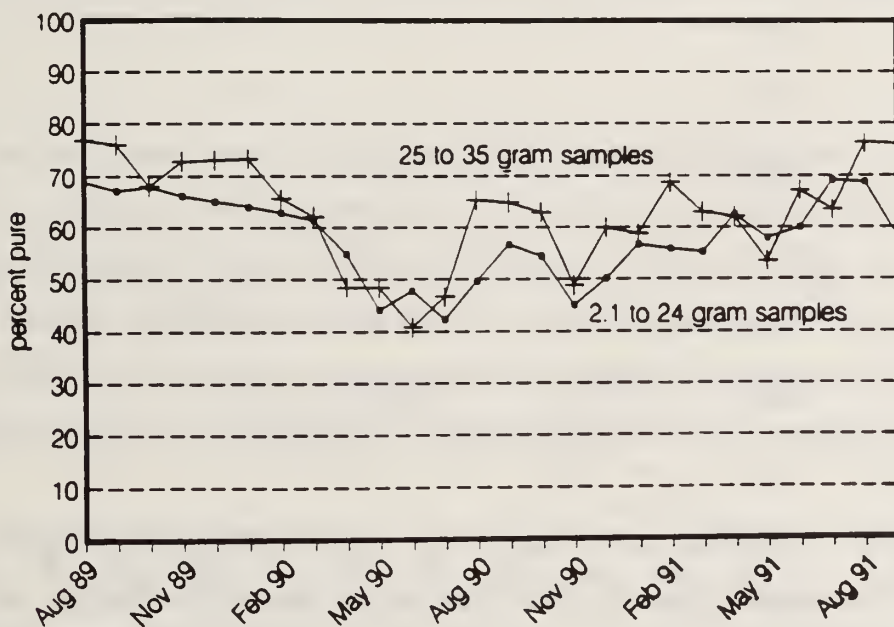
Kilogram prices of cocaine, which were approximately \$45,000 in 1986, dropped to an all-time low of \$18,000-\$22,000 in 1988. In late 1989, however, they began rising, reaching \$28,000 by year's end and \$40,000 by mid-1990. Then, in the fall of 1990, wholesale cocaine prices plummeted, settling in the \$25,000-\$30,000 per kilogram range by year-end 1990. This trend is clearly apparent in the price of cocaine purchases made by Illinois Metropolitan Enforcement Groups (MEGs) across the state. The average cost per gram for MEG cocaine purchases of more than 50 grams increased from \$36 per gram in 1989 to \$59 per gram in 1990, but then fell back down to \$36 per gram early in 1991.

Ounce prices have remained fairly stable in Illinois at \$1,000 to \$1,500, depending on the quality. Current information suggests little change in the availability or price of smaller unit purchases, although the average cost per gram for MEG cocaine purchases of 1 gram or less increased from \$92 per gram in 1989 to \$105 per gram early in 1991. Popular quantities available on the street in Illinois include "dime bags" for \$10; "quarter

bags" (1/4 gram) for \$20; "half grams" for \$35-\$40; "half-sixteenths" (half of 1/16th oz.) for \$40-\$50; "sixteenths" (1/16th oz.) for \$65-\$100; "eightball" (1/8th oz.) for \$140-\$185; 1/4 oz. for \$260-\$300; and 1/2 oz. for \$550-\$600.

Although cocaine purity decreased consistently between August 1989 and August 1990, it has gradually increased since that time (see Figure 1). The average purity of cocaine submitted to and quantitated by Illinois State Police (ISP) crime labs was 68% in September 1991, compared to 54% in August 1990 and 70% in August 1989. This trend is apparent regardless of the weight or geographic location of the seizure. For example, cocaine seizures weighing 2.1-24 grams fell in average purity from 68.9% in August 1989 to 49.7% in August 1990, but then increased to 68.7% in August 1991. Seizures weighing 25-35 grams decreased from an average purity of 76% in August 1989 to 65% in August

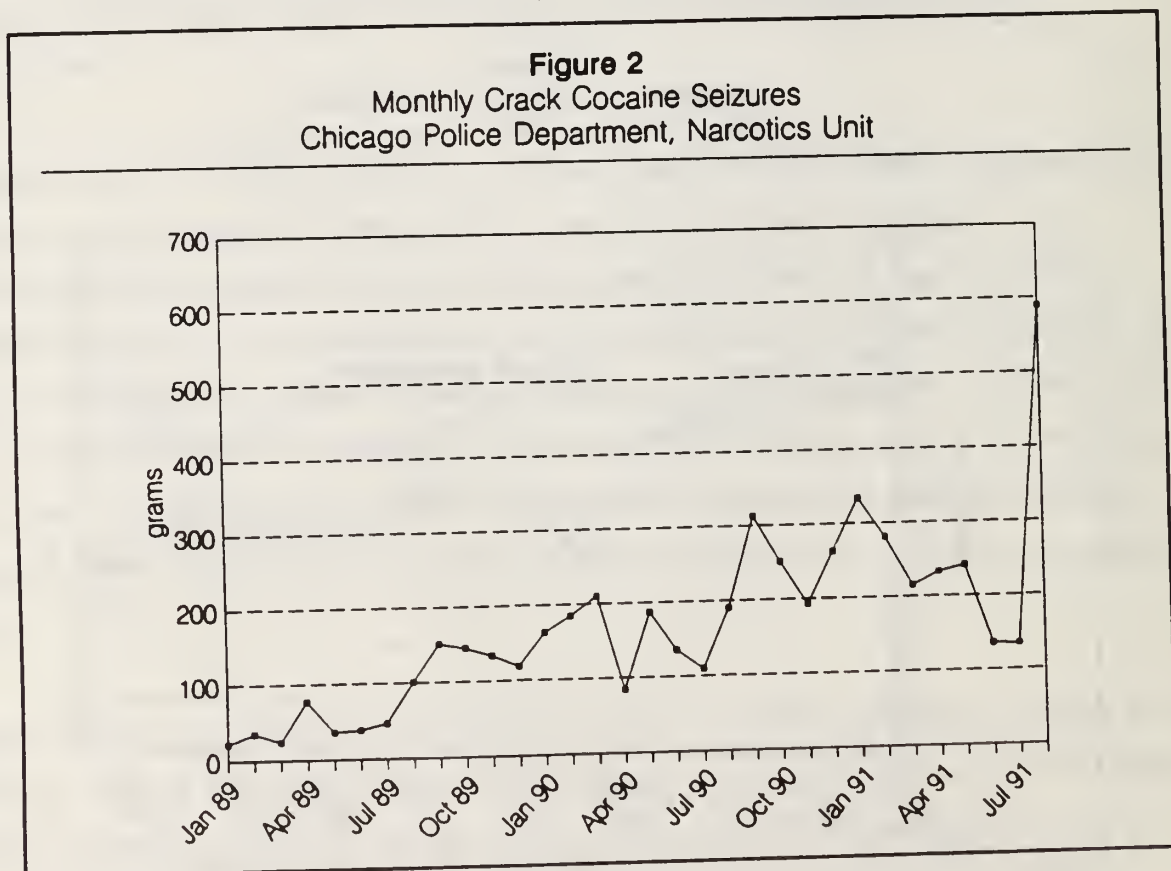
Figure 1
Monthly Average Purity of Cocaine
Submitted to Illinois State Police Crime Labs



1990, before rising to an average purity of 76% in September 1991. And those weighing 980 grams or more fell from 93% in August 1989 to 73% in August 1990, before rising to 88% in September 1991.

Crack, cocaine marketed in its freebase form, is now making its presence felt in many areas of the state. More than 4,000 grams of crack were seized statewide in 1990, compared to about 1,600 in 1989. During the first 8 months of 1991, more than 3,700 grams of crack were seized statewide.

In Chicago, crack activity continues to increase at an alarming rate (see Figure 2). Thus far in 1991, crack has been seized in 24 of Chicago's 25 police districts, compared to 18 districts in all of 1990, 12 districts in 1989 and only 2 in 1988. Only about 100 grams of



crack were seized in Chicago in all of 1988, compared to 927 in 1989, and nearly 2,300 in 1990. During the first 8 months of 1991, more than 2,100 grams of crack were seized in Chicago.

Data from the Illinois State Police (ISP) crime labs indicate that crack activity is increasing outside of Chicago as well. During the first 9 months of 1991, 33 Illinois counties experienced crack seizures, compared to only 24 counties during all of 1990. More alarming is the fact that 13 of the 33 counties in which crack has been seized in 1991 had never experienced a crack seizure before. More than 1,700 grams of crack were seized and submitted to ISP crime labs from outside Chicago during the first 9 months of 1991, compared to 1,572 grams during all of 1990.

Statewide, the amount of crack seized outside of Chicago increased from 126 grams during the second quarter of 1989 to a peak of 486 grams during the first quarter of 1990, before dropping to 212 grams during the third quarter of 1990. Since that time, however, the amount of crack seized outside of Chicago has increased to 478 grams during the first quarter of 1991, 493 grams in the second quarter, and almost 800 grams in the third.

During the past two years, crack submissions from outside of Chicago were almost exclusively from Chicago's south suburbs and the East St. Louis area. This appears to be rapidly changing. Between October 1989 and September 1990, suburban Cook County and St. Clair County together accounted for 87% of all crack submissions from outside of Chicago. Between October 1990 and September 1991, suburban Cook County and St. Clair County accounted for only 62% of all crack submissions from outside of Chicago.

Although crack has made its presence felt in rural as well as urban areas, urban counties account for the majority of the crack seized in Illinois. Between January and September 1991, 9 counties (all of which have urban population centers) accounted for almost 91% of the 1,770 grams of crack seized and submitted to ISP labs from outside of Chicago

(see Figure 3). In general, the more significant increases in crack activity are occurring in urban counties.

Figure 3
Crack Submissions to ISP Labs
from Outside of Chicago (in Grams)

	January 1990 to September 1990	January 1991 to September 1991	Percent Change
Suburban Cook	560.4	663.1	18
Kankakee	0.0	20.5	n/a
McLean	1.0	31.1	3,010
Madison	34.6	90.2	160
Peoria	7.0	183.0	2,514
Rock Island	52.3	35.3	(33)
St. Clair	379.8	436.6	14
Sangamon	0.2	115.4	576
Will	2.2	28.2	1,181
Rest of Illinois	52.6	166.7	217
Total Illinois Outside Chicago	1090.1	1770.1	62

Another indicator of increased crack availability is the growing prevalence among treatment admissions for smoking as a method of ingestion. Smoking was the preferred route of administration for 17% of all drug (excluding alcohol) treatment admissions in FY90 compared to 12.4% of all drug treatment admissions in FY88. Data from the Cook County Jail's Substance Abuse Treatment Center (SATC) further illustrate the problem. In FY91, there were 68 SATC admissions for cocaine smoking compared to 44 in FY89.

The incidence of freebase smoking also remains high, especially among blacks on Chicago's South Side and Hispanics on Chicago's Near Northwest Side. Most of these users purchase the cocaine in its hydrochloride form and process the drug to its freebase form themselves.

Heroin and Morphine - Throughout the 1980's, there was both a general decline in the abuse of heroin alone and an emergence of a vast array of multiple drug patterns that include the use of heroin or other opiates. Then, toward the end of the decade, heroin use became somewhat more prominent as purity levels escalated along with indicators of problem prevalence.

The DEA Domestic Monitor Program, however, reports a leveling off in heroin purity in Chicago since 1989. The purity of samples obtained during 1988 ranged from 0.6% - 24.5%, with an average purity of 3.6%; 1989 samples ranged from 1.7% - 65.7%, with an average purity of 14.2%. During 1990, however, the purity of heroin samples ranged from 1.8% to 22%, with an average purity of 13.4%. Still, this is a dramatic shift from an earlier tradition of low purity heroin, in the 1% - 2% range.

Heroin-related emergency room episodes have also begun to decline. Based on a panel of 38 emergency rooms that consistently reported to DAWN over a five-year period, heroin related ER episodes climbed from 111 during the second quarter of 1985 to 317 during the third quarter of 1989, but then fell 12% to 280 during the first quarter of 1990. Among a more recent panel of 35 Chicago area emergency rooms reporting to DAWN over a two-year period, heroin-related ER episodes fell 4% between 1989 and 1990, from 2,124 to 2,039.

Deaths attributed to heroin have begun to decline as well. Heroin-related deaths reported by medical examiners in five counties in the Chicago area declined 33% between 1989 and 1990, from 220 to 148.

Interestingly, treatment admissions for primary narcotics abuse increased in FY90 after declining for more than a decade. The actual number of narcotics admissions increased 24%, from 3,940 in FY89 to 4,893 in FY90. As a percentage of all admissions, primary narcotics abusers accounted for 14% of all publicly funded drug (excluding alcohol) treatment admissions in FY90 compared to 12% in FY89. However, admission waiting lists, and the fairly consistent number of those in treatment for primary narcotics abuse since 1983, suggest that this indicator reflects existing "slot" capacity rather than changes in treatment demand. The relative stability of client race and sex composition, in conjunction with a gradual increase in the age of admittees over this period, strongly suggest a common pool of aging addicts utilizing the treatment system.

Ethnographic street reports indicate that brown, black tar and white heroin are currently available and abused, although users generally agree that brown heroin, which is the most available (the Chicago area is considered the largest consumer of Mexican brown heroin in the nation), is highly adulterated and of the poorest quality. White heroin, being sold as *Nigerian White*, *China White* or "raw," which implicitly refer to the drug's origin (Southwest Asia, Southeast Asia, and illicit laboratory), is reportedly very high in quality and more readily available now than at any time in recent history.

Wholesale ounce prices for heroin are stable, ranging from \$800 for Mexican brown, to \$1,600 for black tar, to \$2,000-\$7,000 for Nigerian or China White. Street prices for brown heroin have remained unchanged at \$10-\$25 per bag. Black tar heroin is sold on the street in \$25-\$40 bags.

Availability of *Karachi* (another variety of heroin) continues to decrease. Ethnographic reports indicate that karachi has virtually disappeared from Chicago's West Side and that availability and use are declining on the city's South Side. Interviews with users suggest that the drug is marketed primarily to be snorted, not injected, although some addicts admit to cooking karachi with lemon juice and injecting it.

Other Opiates - The abuse of hydromorphone, the pharmaceutical opiate preferred by many addicts in Chicago who inject narcotics, has diminished considerably since 1987 as a result of decreasing street availability. Mean quarterly ER mentions have ranged from 0 to 2 from the third quarter of 1987 through the second quarter of 1990. While supplies of the drug remain limited, the price of hydromorphone has stabilized. On the street, "dilaudid" sells for \$20-\$30 each compared to \$35-\$45 two years ago.

Pentazocine, the drug often combined with tripeleennamine as *T's and blues*, appears in geographically scattered and relatively low-level patterns of continued abuse. DAWN statistics indicate that there was only one pentazocine ER mention during the second quarter of 1990 compared to 3.8 mean quarterly ER mentions during both 1988 and 1989, and 8.5 during 1987. Following reformulation of the pharmaceutical as Talwin NX, most users of this drug take it orally to "boost" the effect of other narcotics. A subset of the addict population is reported to inject a mixture of pentazocine and tripeleennamine or, to a lesser degree, pentazocine and diphenhydramine (Benadryl).

Marijuana - Although the marijuana market is sensitive to seasonal fluctuations in availability, problems associated with marijuana abuse have been increasing over the past few years. Marijuana-related ER mentions in the Chicago area have been increasing since 1987. An increase in the potency of marijuana sold on the street may be influencing this trend. There were 256 marijuana-related ER mentions during the third quarter of 1990 compared to 222 during the first quarter.

The number of admissions to treatment for problems relating to primary marijuana abuse increased 19% between FY88 and FY89, from 4,694 to 5,601, but then fell 5% to 5,310 in FY90. As a proportion of all drug (excluding alcohol) admissions, primary marijuana abusers accounted for 18% of all admissions in FY88, 17% in FY89, and 15% in FY90. Still, marijuana abusers were the second largest group of those seeking drug (excluding alcohol) treatment in the state during FY90, after cocaine abusers.

Marijuana prices remain at record levels. Prices for top-quality marijuana are reported at \$3,300-\$4,000 per pound, while those for mid-quality "Mexican" are about \$1,450 per pound. These inflated prices seem to have reduced common consumer purchase units to less than one quarter of an ounce. A \$10 bag, the most common street-level purchase unit, contains only enough marijuana to make 2-3 joints.

Federal crackdowns on imported marijuana, the development of potent and marketable strains that can be cultivated domestically, and a depressed farm economy have all contributed to a significant increase in marijuana cultivation in Illinois. Even though the state has a limited growing season, fertile soil and large unpopulated tracts of land in rural areas lend themselves to illegal production. Law enforcement intelligence reports indicate that indoor marijuana cultivation operations are increasing as well. Estimates rank marijuana just below soybean and corn as the state's leading agricultural commodities.

Stimulants - National trends appear to indicate a growing stimulant abuse problem, particularly in relation to domestically produced methamphetamine. For reasons which are not readily apparent, Chicago still has not experienced any significant introduction or outbreak of methamphetamine use within the metropolitan area. Emergency room figures have been relatively stable for the abuse of most pharmaceutical stimulants (excluding cocaine). ER mentions for amphetamine abuse totaled 4 in the second quarter of 1990 compared to quarterly averages of 6.7 in 1988 and 3.8 in 1989. Methamphetamine ER mentions totaled 7 in the second quarter of 1990 compared to quarterly averages of 10 in 1988 and 6.5 in 1989.

Since the mid-1980's, admissions to treatment for primary stimulant dependence most often have been attributed to the abuse of look-alike drugs. However, researchers who conduct street interviews report that the popularity of these drugs continues to decline. Look-alike pills containing caffeine, ephedrine, or phenylpropanolamine sell for \$1-\$2 each on the street.

The most intensive stimulant users are those who prefer to inject the drug intravenously. Among this type of user, clear geographical and ethnic differences exist in stimulant abuse patterns. For example, white intravenous drug abusers (IVDA's) on the North Side of Chicago prefer phenmetrazine hydrochloride (Preludin) while black IVDA's from Chicago's South Side prefer methylphenidate (Ritalin). Preludin still sells for \$15 per pill. Ritalins are readily available for between \$4-\$5 each.

Ice, the crystalline form of methamphetamine which is smoked, has attracted a great deal of concern as a potential successor to cocaine because of its highly addictive and potentially catastrophic characteristics. To date, there is still no solid evidence that ice has established any presence in Illinois. In fact, when arrestees participating in the National Institute of Justice's Drug Use Forecasting Program in Chicago were questioned about ice, 50% indicated they had heard of the drug, with 63% of these hearing about ice from the media and none hearing about it from a drug dealer. Intelligence sources throughout the state are continuing to watch for signs that ice is being used in Illinois.

Sedatives and Hypnotics - Pharmaceutical depressants are not often adopted as primary drugs of abuse but are typically used in combination with narcotics to potentiate their effect or with stimulants (primarily cocaine) in order to induce sleep at the conclusion of "runs" or to moderate the undesirable side effects of chronic stimulant abuse. This is evident when looking at the percentage of drug users who have sought treatment for primary depressant abuse since the mid-1980's. This group represented 2% of all those seeking drug (excluding alcohol) treatment in FY90, a figure which remains virtually unchanged since FY84, when the proportion was approximately 3%.

Diazepam (Valium), the most readily available and frequently consumed pharmaceutical depressant, is a common component in a wide variety of multiple-drug ingestion patterns. Diazepam-related ER episodes in the Chicago area declined from 108 in the first quarter of 1990 to 64 in the third quarter. Street prices for a 10 milligram pill range from less than \$1 to \$2. Ethchlorvynol (Placidyl) has been virtually absent from the streets for the

past two years. Ethchlorvynol-related ER episodes in the Chicago area have remained stable and extremely low.

Hallucinogens - Law enforcement reports indicate that hallucinogens, particularly LSD or "acid," have increased in availability in recent years. For example, MEG units in the suburban Chicago area report that LSD investigations increased from fewer than 5 in 1990 to 25 through the first 10 months of 1991. From January through September 1991, more than 75 grams of LSD were seized statewide, including 31 from suburban Cook County. During all of 1990, 30 grams of LSD were seized in suburban Cook County.

Quarterly ER mentions for LSD increased sharply from an average of 7 in 1983 to a high of 54 in the second quarter of 1989, before declining to 11 in the second quarter of 1990. And although admissions for primary hallucinogen abuse have been declining as a proportion of all drug (excluding alcohol) treatment admissions -- dropping from 3% of all drug admissions in FY84 to 1.3% in FY89 and 0.8% in FY90 -- they nearly tripled in number from 149 in FY88 to 429 in FY89, before falling to 286 in FY90.

Three types of LSD are reported as being available: "Yellow Submarine," sold in a tab or liquid (one drop) for \$5; Microdot, sold for \$3 to \$7 per hit; and "Blotter," sold on a small piece of paper for \$7.

ER mentions for PCP declined from 353 in the first quarter of 1989 to 146 in the first quarter of 1990, before increasing in the second and third quarters of 1990. Ethnographic reports indicate that PCP is widely available in selected areas.

In Illinois, PCP is typically smoked and is sold in three forms: "mint leaf," "sherm sticks," and "happy sticks." "Mint leaf" is a moist, loose tobacco-like substance "sprayed" with PCP and wrapped in tin foil. The substance is allegedly marijuana, although many say it looks and tastes like cigarette tobacco. Mint leaf can be purchased in \$10 and \$20 quantities. "Sherm sticks" are "More"-brand cigarettes which are allegedly dipped in

PCP, then drained and dried. The cigarettes are sold for \$30 each, or more commonly, cut into three equal parts which are sold for \$10 a piece. "Happy sticks" are a tobacco-like substance sprayed with PCP, rolled with cigarette papers and sold as joints for \$10 each. As with "mint leaf," the substance which is smoked may be either tobacco or marijuana.

PCP in powder form, or "tic," has also been reported and is used primarily by Hispanic youth. It appears beige or light brown in color and is sold in aluminum wrapping. At some sites it sells for \$20, while at others "13 cent" bags (\$13) are sold.

Drug Transportation

Information provided by the Illinois State Police and local multi-jurisdictional enforcement units continues to indicate that controlled substances come to Illinois from a number of countries by way of a variety of routes. While Mexico is the primary source of heroin, Central and South America continue to supply most of the cocaine in the state. Marijuana is both imported and grown in the state. In 1990, 3.2 million marijuana plants were destroyed under Illinois' Operation Cash Crop program and 36 indoor cultivation operations were dismantled. Chicago's O'Hare International Airport continues to be a major port for drug traffickers -- both those dealing in Illinois as well as those distributing their goods to other parts of the country. Similarly, drugs are being transported by train (Amtrak) through Chicago for Illinois and other destinations. Data reported by Illinois' Operation Valkyrie highway interdiction program indicate that drugs are being transported on virtually all of Illinois' interstates with I-55, I-57 and I-80 being major drug transportation routes. Police in the central and southern parts of Illinois report stops of traffickers driving supplies of drugs north from Florida and Texas. Other hot spots include the concentration of interstates in the Chicago and Metro East areas. Unfortunately, while data are available describing the amount of drugs seized in Illinois, there is no way of quantifying the actual flow of drugs into or through Illinois.

While almost all of the cocaine and heroin, and a significant amount of the marijuana consumed in Illinois, is obtained from other countries, it is likely that a large proportion of the pharmaceuticals consumed in the state are legally manufactured. However, Illinois' Triplicate Prescription Control Program has significantly reduced the theft and cashing of prescriptions. Only 159 of 176,022 triplicate prescriptions processed in Illinois in FY91 were reported stolen and only 29 were cashed.

Thefts and robberies of prescription drugs have also been declining. In 1989, there were 158 thefts or robberies of prescription drugs involving 68,386 drug doses. In 1990, these figures fell to 112 thefts or robberies involving 31,587 doses. Only 61 thefts or robberies involving 8,959 doses were reported during the first nine months of 1991.

In 1989, most thefts or robberies involved night break-ins. This category has since been replaced by employee thefts as the most common method. In 1989, night break-ins accounted for 63.9% of all theft and robbery reports, while employee theft accounted for only 16.5%. In 1990, night break-ins had decreased to 34% of the total and employee thefts had increased to 30%. Thus far in 1991, night break-ins have accounted for 27.9% of all theft or robbery reports, while employee thefts have accounted for 31.1%. Figure 4 identifies the most commonly obtained drugs from thefts or robberies over the last three years (Note: percentage figures are based on the total number of incidents).

Patterns of Usage and Crime

In late 1989 and early 1990, the Illinois Department of Alcoholism and Substance Abuse (DASA) conducted a series of comprehensive statewide surveys to determine the prevalence of drug (as well as alcohol) use among Illinois' adult and youth populations and Cook County's homeless population.

DASA's Adult Prevalence Survey was designed to gather information that could be used to estimate the number of Illinois adults in potential need of treatment for alcohol

Figure 4
Theft/Robbery Incidents Involving Schedule II Drugs
By Type of Drug Stolen

1989			1990			1991 (through September)		
Drug	No.	%	Drug	No.	%	Drug	No.	%
Dilaudid	39	24.7	Demerol	23	20.5	Demerol	13	21.3
Demerol	20	16.5	Dilaudid	20	17.9	Ritalin	13	21.3
Morphine	20	12.7	Morphine	18	16.1	Morphine	13	16.4
Others	73	46.2	Others	51	45.5	Others	25	40.9
Total	158	100.0	Total	112	100.0	Total	61	100.0

and/or drug abuse. The survey was conducted in the spring and summer of 1990 through telephone interviews with 4,987 Illinois residents. Black and Hispanic residents were over-sampled to be certain they were adequately represented. Overall, the survey had a participation rate of 67%. The resulting data were weighted to reduce the effects of over-sampling and were then used to profile the state's adult alcohol and drug use patterns (with the exception of persons without telephones or residences, and persons living in institutions or group quarters, such as prisons, military facilities, and college dormitories).

The following criteria were used to identify potential alcohol abusers:

- consumed an average of 2 or more drinks per day during the last month;
- made an affirmative response to at least one alcoholism symptom on the S-Michigan Alcohol Syndrome Test, excluding the DUI and arrest item; and,
- consumed 5 or more drinks more than once a week.

The criteria used to identify potential drug abusers were the following:

- used drugs weekly or monthly during the past year; and,
- made an affirmative response to at least one symptom on the Drug Dependence Scale.

Figures 5 and 6 summarize the survey findings. The "joint classification" section of Figure 5 shows that more than 622,000 Illinois residents were then estimated to potentially require alcohol treatment. Another 131,000 residents potentially required drug treatment, and 104,000 residents potentially required treatment for both alcohol and drug abuse. The combined potential total requiring some form of substance abuse treatment was nearly 860,000 Illinois residents, 10% of the state's entire adult population.

Of those identified as potentially in need of either alcohol or drug abuse treatment (see Figure 6), males out-numbered females by about 3 to 1. Hispanics were identified as having the highest potential need for alcohol treatment at 9.8%, while blacks had the greatest potential need for drug treatment at 3.1%. Age was inversely related to potential alcohol and drug treatment need. The greatest potential need for treatment was in the 18 to 25 year old category. The data also show about a 4% differential in treatment need between metropolitan (11.3%) and rural (7.5%) residents.

Modeled on the National Institute on Drug Abuse's High School Senior Survey, the DASA Youth Survey provided the first data in well over a decade on the prevalence of drug use among Illinois youth.

Estimates of drug use during the past 30 days suggest that few Illinois students are currently involved with illicit drugs other than marijuana. About 1 in 5 12th graders report current use of marijuana, with estimates for current use of other drugs varying from 5.6% for stimulants to about 1% for several drug types. Current use of cocaine was reported by 3.6% of the seniors. Lifetime prevalence estimates for Illinois seniors ranged

Figure 5
Potential Alcohol and Drug Treatment Population
1990 DASA Study

	Total Adult Population	Category Percent
Alcohol Classification:		
1. never used	1,472,720	17.1
2. not used past year	1,294,804	15.0
3. used past year (not past month)	1,247,444	14.5
4. used past month	3,868,765	44.9
5. potential heavy use or symptoms	520,151	6.0
6. potential heavy use and 1-2 symptoms	130,720	1.5
7. potential heavy use and 3+ symptoms	75,393	0.9
Alcohol Potential	726,264	8.4
Drug Classification:		
1. never used	6,304,246	73.2
2. not used past year	1,852,198	21.5
3. used past year (not past month)	106,161	1.2
4. used past month	111,917	1.3
5. potential heavy use or symptoms	184,942	2.1
6. potential heavy use and 1-2 symptoms	36,057	0.4
7. potential heavy use and 3+ symptoms	14,475	0.2
Drug Potential	235,476	2.7
Joint Classification:		
no need for treatment	7,752,329	90.0
alcohol only treatment	622,194	7.2
drug only treatment	131,405	1.5
alcohol and drug treatment	104,070	1.2
Total, Age 18 and Over	8,610,000	100.0

Figure 8
Demographic Characteristics of Potential Treatment Population
1990 DASA Telephone Survey

	percent no need	percent alcohol only	percent drug only	percent drug and alcohol
Male	84.5	11.1	2.3	2.1
Female	95.1	3.7	0.8	0.4
Black	91.6	4.2	3.1	1.1
White or other	89.9	7.6	1.1	1.3
Hispanic	87.5	9.8	2.4	0.3
18 - 25 years	80.4	11.5	3.9	4.2
26 - 34	86.5	8.3	3.1	2.1
35 - 64	92.7	6.4	0.5	0.3
65 and over	95.6	4.3	0.1	0.0
Metropolitan	88.7	7.9	2.1	1.3
Suburban	91.3	6.6	1.1	1.0
Other urban	89.9	7.3	1.6	1.2
Rural	92.5	5.9	0.3	1.3

from 43.7% for marijuana to 19.1% for stimulants, 18.6% for inhalants, 10.3% for cocaine, and 1.7% for heroin.

Prevalence estimates were developed for Cook County and the remainder of the state because of the major differences in socio-demographic profiles of these areas. A higher percentage of students in Cook County than in the remainder of the state reported current use of cocaine, crack, heroin and PCP. Current use of marijuana, stimulants, sedatives and hallucinogens was higher in Illinois outside Cook County. In terms of lifetime prevalence, a higher percentage of students in Cook County than in the remainder of the state reported ever having tried cocaine, crack or PCP. The percentage ever having tried marijuana, stimulants, sedatives and other drugs was higher in the

remainder of the state. A surprisingly high 19.2% of the seniors in non-Cook counties reported having tried stimulants at least once.

A frequent criticism of school-based surveys is their failure to reach the drop-out population. In Illinois in 1990, about 16% of white students left high school without graduating; among black students, 42% failed to graduate; and among Hispanic students, 43% never completed high school. Two approaches were adopted by DASA to address the dropout issue. First, students in grades 7 through 9 who had a dropout profile were compared to those who did not. Second, a sample of students who had enrolled in an alternative school was surveyed to provide a comparison group. A strong relationship was found between high-risk drug use and dropout proneness.

Studies recently cited by a Congressional committee also show that dropouts tend to abuse drugs more frequently than their peers who attend high school. The Select Committee of the U.S. House of Representatives on Narcotics Abuse and Control, which investigated the links between dropouts and drug abuse, found "a serious drug abuse problem among dropouts" and concluded that "drugs and dropping out are clearly associated; not only are they associated with each other, but with a variety of other behaviors and characteristics."

Both national and local statistics show that very high percentages of offenders are high school dropouts. A 1989 report by the National Institute of Justice on people arrested in 1988 in 20 major U.S. cities indicated that more than 50% of the people arrested in Chicago had not completed high school. A 1987 study found that 71% of all prison inmates nationwide never completed high school. Another 1989 study found that the correlation between high school dropout rates and incarceration rates among adults is higher than the correlation between smoking and lung cancer.

During a two-week period in the summer of 1990, Authority researchers interviewed almost 700 inmates being admitted to the Illinois Department of Corrections (IDOC).

The Survey of Educational Experiences and Attitudes of Inmates in IDOC was designed to find out from inmates themselves what had happened to them in school. The survey investigated not only whether inmates had completed high school, but, if they had not, what had caused them to drop out.

A large majority of male inmates in the Authority's survey had failed to graduate from high school -- 72.3%. The dropout rate for female inmates (60%) was lower than for male inmates, but still far higher than the statewide rate of 22%.

The link between dropping out and later criminal behavior is suggested by the finding that black, white, and Hispanic inmates drop out more frequently than members of those ethnic groups in the general population. Black male inmates dropped out 30% more frequently than the average black male student in Illinois in 1990. Hispanic male inmates dropped out 34% more frequently than average Hispanic male students. The dropout rate for black male inmates was 72%, compared to a 42% percent dropout rate for all black male students in Illinois; 77% of Hispanic male inmates dropped out, compared to 43% of Hispanic male students statewide. For whites, dropout rates among male inmates were 4.5 times higher than for white male students in the general population. While only 16% of the general white male student population drops out in Illinois, 72% of the white male inmates had dropped out.

Among male inmates, the predominant reason given for leaving school was involvement in the criminal justice system or in some problem related to drug abuse, violence, and street gangs. Approximately 34% reported that they had left school because they were detained for a juvenile offense, expelled for fighting, involved in substance abuse, or were either perpetrators or victims of gang violence. Approximately 10% of the male inmates who had not completed high school specifically cited drug or alcohol abuse as one of the reasons that they had dropped out. About 9% reported that street gang violence in their schools caused them to drop out.

DASA's alcohol and drug use survey of homeless persons and those at risk of becoming homeless in Cook County, which was carried out by the University of Illinois Survey Research Laboratory, provides much needed information about the substance abuse patterns of this difficult to reach population. The survey concluded that homelessness is but a part of the substance abuse problem and, conversely, that substance abuse is only one aspect of homelessness. Still, 43.3% of those surveyed were classified as being in need of substance abuse treatment; 16.3% for alcohol abuse, 13.5% for drug abuse, and another 13.5% for both. Heavy alcohol users were most likely to be male, white, over 34 years old, and at risk of becoming homeless. Heavy drug users were more likely to be male, black, under 35 years old, and already homeless. Of those having used alcohol or drugs at least once in the past year, the most commonly used were alcohol (71.5%), marijuana (24.2%), cocaine (21.2%), and heroin (6.3%). Prevalence of alcohol and drug use in the last month was lower than, but similar to, the yearly indicators: alcohol (61.2%), marijuana (13.2%), cocaine (10.8%), and heroin (2.9%). About 5% also cited intravenous drug use in the last year. Interestingly, a majority of males (56.4%), but substantially fewer females (18.2%), cited substance abuse as a factor in their homelessness. These figures should be considered conservative estimates as the locations in which surveys were conducted did not admit obvious alcohol and drug users.

In addition, more than 44% of the homeless and those at risk responded that they had been to prison at some time. Of that number, 43% were heavy alcohol users, 41% were heavy drug users, and 22% (which includes some persons from the previous two categories) were both. Also, 42% had been a crime victim in the last year. Of those, 32% were heavy alcohol users, 32% were heavy drug users, and 15% were both.

Several additional sources of information are currently available to help identify drug use and distribution patterns and examine the connection between drugs and crime.

Data from law enforcement agencies continue to show that cocaine is more common in the more urban areas of the state while marijuana is more evident in rural areas. An

analysis of the quantities of drugs seized by law enforcement agencies and submitted to Illinois crime labs in 1989 and 1990 reveals that the volume of controlled substances (cocaine, heroin, and PCP, for example) seized was greatest in metropolitan areas of the state, while the volume of cannabis seized was greatest in Illinois' rural counties.

In 1990, 15.9 kilograms of heroin were seized by state and local law enforcement agencies throughout Illinois and submitted to crime labs for analysis (see Figure 7). This amount is similar to that seized and submitted in 1989. Of the 1990 total, 13.76 kilograms (86.5%) were submitted from Chicago, slightly more than 1.71 kilograms (10.7%) were submitted from suburban Cook County, 0.2 kilograms (1.3%) were submitted from the collar counties, 0.21 kilograms (1.3%) were submitted from other metropolitan counties and less than 0.02 kilograms (0.1%) were submitted from rural counties. Although heroin seizures are concentrated in urban areas, the number of counties experiencing heroin seizures increased from 22 in 1989 to 28 in 1990.

In 1990, 203 kilograms of cocaine were seized by state and local agencies and submitted to labs for analysis, a decrease of 31% from the 295.4 kilograms seized in 1989 (see Figure 7). Of the 1990 total, 98.62 kilograms (48.6%) were submitted from Chicago, 41.22 kilograms (20.3%) were submitted from suburban Cook County, 13.44 kilograms (6.6%) were submitted from the collar counties, 21.43 kilograms (10.6%) were submitted from other metropolitan counties, and 28.3 kilograms (13.9%) were submitted from rural counties. Interestingly, only rural counties experienced an increase in the quantity of cocaine seized and submitted to labs between 1989 and 1990.

In 1990, 1,319.9 kilograms of cannabis were seized and submitted by state and local law enforcement agencies in Illinois, 21% more than in 1989 (see Figure 7). Of this, 469.1 kilograms (35.5%) were submitted from Illinois' rural counties. Cannabis accounted for more than 89% of the total volume of drugs seized outside Chicago in 1990. Between 1989 and 1990, however, significant increases in the amount of cannabis seized and submitted to labs occurred in both Chicago and other metropolitan areas of the state.

Figure 7
Kilos of Selected Illegal Drugs Seized by State and Local
Law Enforcement Agencies and Submitted to Crime Labs
By Area Where Seizure Was Made

	Heroin		Cocaine		Marijuana		LSD	
	1989	1990	1989	1990	1989	1990	1989	1990
Chicago	15.41 (91.7%)	13.76 (86.5%)	161.03 (54.5%)	98.62 (48.6%)	215.02 (19.7%)	336.90 (25.5%)	0.002 (2.8%)	0.002 (1.4%)
Cook	0.71 (4.3%)	1.71 (10.7%)	57.67 (19.5%)	41.22 (20.3%)	99.87 (9.1%)	78.59 (6.0%)	0.011 (15.2%)	0.031 (26.5%)
Collar	0.4 (2.4%)	0.20 (1.3%)	34.32 (11.6%)	13.44 (6.6%)	173.39 (15.9%)	221.61 (16.8%)	0.027 (37.4%)	0.017 (14.7%)
Metro	0.19 (1.1%)	0.20 (1.3%)	32.38 (11.0%)	21.43 (10.6%)	123.74 (11.3%)	213.67 (16.2%)	0.026 (36.0%)	0.020 (17.1%)
Rural	0.09 (0.5%)	0.02 (0.1%)	10.03 (3.4%)	28.3 (13.9%)	481.04 (44.0%)	469.1 (35.5%)	0.006 (8.3%)	0.047 (40.2%)
State Total	16.8 (100%)	15.9 (100%)	295.4 (100%)	203.0 (100%)	1093.1 (100%)	1319.9 (100%)	0.072 (100%)	0.117 (100%)

Between 1989 and 1990, the quantity of LSD seized and submitted to crime labs nearly doubled from .072 kilograms to .117 kilograms (see Figure 7). This increase can be attributed to LSD seized and submitted from suburban Cook County and rural counties.

While it is true that metropolitan areas account for a much larger proportion of the controlled substances seized in Illinois than do rural areas, a much larger proportion of Illinois' population resides in these metropolitan counties. Therefore, per-capita drug seizures were analyzed to remove the effects of population. As can be seen in Figure 8, there is more heroin and cocaine seized in metropolitan areas and more cannabis seized

in rural areas, even when controlling for population. More LSD is seized per-capita in rural areas and urban areas outside of Chicago.

Figure 8
Grams Seized, Per 10,000 Citizens in 1990

	Heroin 1990	Cocaine 1990	Marijuana 1990	LSD 1990
Chicago	49.46	354.26	1210.22	0.01
Sub. Cook	7.37	177.57	338.56	0.13
Collar	0.93	62.33	1027.82	0.08
Metro	1.37	139.67	1392.63	0.13
Rural	0.08	107.39	1780.17	0.18
Total	13.92	177.60	1154.68	0.10

The vast majority of crack cocaine activity in Illinois occurs in urban areas. Between January and August 1991, 3,718 grams of crack were seized statewide, 96.5% of it in urban counties. Chicago accounted for 58% of the crack seized over the 8-month period, suburban Cook County accounted for slightly more than 16%, collar counties accounted for less than 1% and other metro counties accounted for 21%. All other counties together accounted for only 3.5% of the crack seized statewide.

Between 1987 and 1989, Illinois' Operation Cash Crop program eradicated marijuana in 91 of the state's 102 counties. Cultivated plants were eradicated in nearly 3 out of every 4 Illinois counties while wild marijuana was eradicated in one-half. In 1990, marijuana was eradicated in 80 counties. Eradication of cultivated marijuana took place in 56 (70%) counties in 1990, while eradication of wild plants took place in 35 (30%). There are clear variations by region of the state. About 42% of the cultivated plots

eradicated in 1990 were in the northern half of the state. In contrast, northern counties accounted for almost 98% of the wild marijuana plots.

Research suggests that historical and economic factors may provide a reasonable explanation for this pattern. During the 1940's, hemp was grown in the northern half of the state which has the richest farmland. Because the marijuana plant is very hearty, hemp first planted during that time period continues to flourish. And, although no direct association has been found between county-level marijuana cultivation and economic factors, cultivated plots are most likely to be found in the state's southernmost counties -- those less suited for agriculture but where local economies are weaker and unemployment is higher.

Drugs are connected with crime in many ways. First, trafficking in and possessing illegal drugs are themselves crimes. Second, abusers of illegal drugs commit other types of crime -- robberies, burglaries, thefts -- that are associated with drugs but do not result in drug charges per se. Although it is impossible to tell how many drug users commit crimes -- since it is difficult to determine precisely how many people are abusing drugs -- efforts are being made to discover what percentage of the people who commit crimes are abusing drugs.

The Drug Use Forecasting (DUF) system, a national data system for tracking drug use trends among arrestees, is one such effort. In Chicago, one of 23 national DUF test sites, the vast majority of male arrestees test positive for drugs. Thirteen periods of testing between October 1987 and May 1991 revealed that among 2,929 male arrestees tested, 76% were positive for at least one drug at the time of their arrest, 56% were positive for cocaine, 22% were positive for opiates, and 43% were positive for 2 or more drugs.

But while the DUF reporting system has revealed the high incidence of drug use by arrestees, there have been significant shifts in specific drug use patterns as the program enters its fifth year of operation. As Figure 9 shows, of the 265 male arrestees in Chicago

Figure 9
Percentage of Arrestees Testing Positive
Chicago Drug Use Forecasting

	1987 (N=265)	1988 (N=905)	1989 (N=437)	1990 (N=894)	1991 (N=428)
Positive for any drug	73	80	74	73	76
Positive for marijuana	39	50	31	27	30
Positive for cocaine	49	58	59	54	57
Positive for opiates	14	18	27	27	19
Positive for 2 or more drugs	36	48	46	41	38

who voluntarily submitted urine specimens in October 1987, 73% tested positive for any drug, and 49% tested positive for cocaine. Those testing positive for any drug peaked at 80% in 1988, but then declined to between 73% and 76%. In contrast, those testing positive for cocaine peaked at 59% in 1989 and has consistently remained above the 1987 level. The incidence of marijuana in arrestees has declined since 1988.

While it is not surprising that a high percentage of arrestees charged with drug possession test positive for drug use, the level of drug use among arrestees charged with other offenses is also high. Among arrestees charged with drug offenses in Chicago during June 1989, 90% tested positive for drug use; among those charged with non-drug offenses, 73% tested positive for drug use. During May 1990, 66% of the arrestees charged with income-generating crimes and 67% of those charged with violent crimes tested positive.

These data show that drug use by arrestees is high, regardless of the type of offense for which they are arrested. However, some evidence is beginning to emerge that suggests that drug use is more closely correlated with drug and non-violent offenses nationally than with other types of crimes. For example, in 1989 alcohol use was more frequently self-reported by arrestees charged with violent offenses than was cocaine use, while the reverse was true for arrestees charged with drug offenses.

One possible explanation for the somewhat stronger link between drug use and non-violent offenses is that drug-abusing lifestyles are expensive and require support from income-generating activities (legal and illegal). A Drug Use Forecasting study conducted in April 1991 found that 25% of the Chicago arrestees surveyed (N=224) reported obtaining money for drugs from illegal sources. Of the 21 major cities included in the study only Philadelphia males reported a higher rate of illegal income to support drug use (28%). Much more study is needed in this area.

As part of the overall effort to address the drug problem, Illinois expanded the Drug Use Forecasting system within the state in September 1990 with funding from DASA. These additional DUF test sites include Lake and Winnebago counties in northern Illinois, Sangamon and Macon counties in central Illinois, and Madison, Jackson, St. Clair, and Williamson counties in southern Illinois. Similar to the national DUF program, arrestees are interviewed to develop personal profiles, and urine samples are requested (voluntarily) to determine drug use amount and type. Results provide data from key parts of the state that permit researchers to actively monitor drug use trends among arrestees statewide.

During the first nine months of operation, the DUF testing program outside Chicago processed 1,369 arrestees. Figure 10 contrasts some of these results with those obtained by the federal program in Chicago during the two quarterly test cycles of 1991. The importance of the expanded DUF program becomes immediately obvious as drug use patterns by arrestees in Chicago differ markedly from those in the rest of the state.

Figure 10
Percentage of Arrestees Testing Positive
Chicago and Downstate Drug Use Forecasting, 1991

	Chicago	Other Counties
Positive for any drug	76	36
Positive for marijuana	30	15
Positive for cocaine	57	21
Positive for opiates	19	2
Positive for 2 or more	38	8

Figure 11 illustrates that similar differences exist among the non-Chicago test sites, although they are not as pronounced as the differences between Chicago and the other test sites combined. About 40% of the arrestees tested in Lake, Winnebago, St. Clair and Madison counties were positive for at least one drug at the time of their arrest, compared to about 30% of the arrestees in Sangamon and Jackson counties and 25% of the arrestees in Macon and Williamson.

Because DUF cannot measure the motivations of arrestees, it does not show exactly how drugs affect criminal activity. What it does demonstrate is that a large proportion of the people entering the justice system throughout Illinois have recently used drugs. In other words, DUF provides solid evidence of the magnitude of drug abuse among offenders.

Further evidence of the link between drug abuse and crime in Illinois comes from recent research conducted by the Administrative Office of the Illinois Courts (AOIC) and the Illinois Department of Corrections (IDOC). In December 1988, each adult probation department in Illinois participated in an AOIC study directed at assessing the incidence of substance abuse within the current population of adult offenders on probation. The

Figure 11
Percentage of Arrestees Testing Positive
By County and Region
Drug Use Forecasting, 1991

	Lake - northern - (N=258)	Winnebago - northern - (N=242)	Sangamon - central - (N=141)	Macon - central - (N=218)
Positive for any drug	44	15	31	23
Positive for marijuana	15	15	16	7
Positive for cocaine	22	29	17	5
Positive for opiates	3	2	1	6
Positive for 2 or more drugs .	11	10	9	7

	St. Clair - southern - (N=228)	Madison - southern - (N=178)	Jackson * - southern - (N=53)	Williamson * - southern - (N=51)
Positive for any drug	39	38	30	26
Positive for marijuana	9	22	21	18
Positive for cocaine	32	12	13	4
Positive for opiates	4	1	2	2
Positive for 2 or more drugs	7	6	9	2

* Jackson and Williamson Counties began testing in June, 1991.

study found that of the 49,823 adult offenders under active supervision at the time, 21% or 10,225 offenders were placed on probation for the commission of a drug offense. Perhaps more importantly, however, the probation departments reported that 35% of the total population, or 17,206 adult offenders on probation, regardless of offense type, had a serious enough drug problem to be in need of treatment. Coupled with the fact that a

1987 IDOC study found that 54% of the state prison inmate population at that time admitted prior drug use (more than 71% of the inmates incarcerated for a property offense and 42% of those with a violent offense admitted prior drug use), there is little question that drugs and both property and violent crimes committed in Illinois are closely associated.

Providing treatment for substance abusers, whether they are from the criminal justice system or the general population, is the responsibility of the Illinois Department of Alcoholism and Substance Abuse (DASA). DASA reported 81,867 admissions for alcoholism or drug dependency treatment in FY90, an increase of about 1,188 or 1.5% over FY89. Of the 81,867 admissions:

- 75% were male;
- 9% were under 18 years old;
- 32% were black, 5.5% were Hispanic, and 59% were white;
- 38.5% were self-referred and 22.2% were referred by a criminal justice agency; and,
- 48% were served in a residential setting and their average length of stay was 17 days. If detoxification services were discounted, the length of stay in residential services increased significantly to 47 days.

DASA admissions for drug or alcohol treatment by county of residence for FY88, FY89 and FY90, the average annual percent change in admissions, and FY90 admission rates per 10,000 population are presented in Figure 12. As can be seen, the number of admissions by county ranged from a low of 9 in Hancock to a high of almost 37,700 in Cook during FY90. The admission rate per 10,000 county residents ranged from 14.78 per 10,000 in Edwards to 235.14 per 10,000 in Rock Island. More than one-half (60) of the counties in the state experienced an average annual increase in admissions between FY88 and FY90.

Figure 12
DASA Admissions in FY88, FY89, and FY90, Average Annual Percent
Change, and FY90 Admission Rate per 10,000 County Population

	1988	1989	1990	Average Percent Change	Rate per 10,000 in FY90
Adams	553	714	60	-31.24	108.03
Alexander	142	150	229	29.15	141.16
Bond	12	76	64	258.77	50.70
Boone	75	137	150	63.96	44.47
Brown	60	60	43	-10.36	90.82
Bureau	304	192	122	-36.65	53.80
Calhoun	20	39	74	92.37	73.28
Carroll	171	123	99	-23.79	73.19
Cass	199	188	191	-1.97	139.91
Champaign	1256	1484	1755	18.21	85.77
Christian	384	255	48	-57.39	74.09
Clark	137	114	110	-10.15	71.60
Clay	65	90	97	23.12	62.24
Clinton	132	118	260	54.87	34.76
Coles	526	665	723	17.57	128.77
Crawford	92	71	91	2.67	36.48
Cumberland	66	106	68	12.38	99.34
Dekalb	492	620	482	1.88	79.56
Dewitt	90	90	99	5.00	54.49
Douglas	87	113	74	-2.31	58.06
DuPage	1469	1170	1495	3.71	14.97
Edgar	204	137	148	-12.41	69.92
Edwards	9	11	15	29.29	14.78

Figure 12 (continued)
**DASA Admissions in FY88, FY89, and FY90, Average Annual Percent
Change, and FY90 Admission Rate per 10,000 County Population**

Effingham	238	341	98	-13.99	107.56
Fayette	151	157	219	21.73	75.14
Ford	83	82	79	-2.43	57.44
Franklin	305	296	205	-16.85	73.41
Fulton	219	213	207	-2.78	55.93
Gallatin	41	51	53	14.16	73.82
Greene	63	81	48	-6.08	52.88
Grundy	145	163	83	-18.33	50.41
Hamilton	28	47	62	49.89	55.30
Hancock	101	56	9	-64.24	26.20
Hardin	22	25	53	62.82	48.18
Henderson	24	16	29	23.96	19.76
Henry	1109	337	284	-42.67	65.87
Iroquois	251	300	150	-15.24	97.44
Jackson	653	484	234	-38.77	79.26
Jasper	25	29	34	16.62	27.34
Jefferson	286	344	397	17.84	92.92
Jersey	172	169	123	-14.48	82.28
Jo Daviess	121	85	98	-7.23	38.95
Johnson	35	40	29	-6.61	35.25
Kane	1342	1287	1459	4.63	40.54
Kankakee	494	444	450	-4.39	46.13
Kendall	62	66	84	16.86	16.75
Knox	452	426	460	1.11	75.54
Lake	1422	2055	3139	48.63	39.79

Figure 12 (continued)
DASA Admissions in FY88, FY89, and FY90, Average Annual Percent
Change, and FY90 Admission Rate per 10,000 County Population

LaSalle	499	584	457	-2.36	54.62
Lawrence	48	47	44	-4.23	29.43
Lee	207	175	432	65.70	50.88
Livingston	234	237	427	40.73	60.30
Logan	522	91	90	-41.83	29.55
Macon	854	855	1729	51.17	72.95
Macoupin	847	715	588	-16.67	149.96
Madison	1128	1506	1424	14.03	60.42
Marion	349	358	754	56.60	86.14
Marshall	55	62	73	15.23	48.26
Mason	215	32	36	-36.31	19.67
Massac	112	107	211	46.37	72.53
McDonough	156	149	132	-7.95	42.28
McHenry	445	1111	1068	72.90	60.63
McLean	580	851	911	26.89	65.88
Menard	86	62	52	-22.02	55.54
Mercer	217	136	139	-17.56	78.66
Monroe	64	140	165	68.30	62.44
Montgomery	283	322	289	1.77	104.79
Morgan	230	210	230	0.41	57.70
Moultrie	35	63	43	24.13	45.23
Ogle	345	527	599	33.21	114.67
Peoria	1277	1461	2433	40.47	79.91
Perry	89	128	152	31.29	59.78
Piatt	71	97	129	34.80	62.39

Figure 12 (continued)
DASA Admissions in FY88, FY89, and FY90, Average Annual Percent
Change, and FY90 Admission Rate per 10,000 County Population

Pike	98	83	46	-29.94	47.22
Pope	82	83	73	-5.41	189.80
Pulaski	37	37	77	54.05	49.18
Putnam	0	32	177	453.13	55.85
Randolph	37	219	177	236.36	63.33
Richland	53	61	82	24.76	36.87
Rock Island	3971	3497	2341	-22.50	235.14
Saline	255	243	264	1.97	91.52
Sangamon	875	1115	1413	27.08	62.50
Schuyler	77	39	72	17.63	52.01
Scott	19	36	26	30.85	63.78
Shelby	122	229	127	21.58	102.87
Stark	41	24	32	-4.07	36.73
St. Clair	1121	1490	2149	38.57	56.69
Stephenson	563	660	757	15.96	137.35
Tazewell	1874	905	1117	-14.14	73.17
Union	242	188	189	-10.89	106.70
Vermilion	96	407	747	203.75	46.12
Wabash	65	71	58	-4.54	54.15
Warren	109	86	95	-5.32	44.84
Washington	76	91	106	18.11	60.81
Wayne	76	92	120	25.74	53.36
White	117	105	91	-11.79	63.55
Whiteside	505	366	485	2.49	60.81
Will	682	752	701	1.74	21.05

Figure 12 (continued)
DASA Admissions in FY88, FY89, and FY90, Average Annual Percent Change, and FY90 Admission Rate per 10,000 County Population

Williamson	696	607	493	-15.78	105.14
Winnebago	2924	2686	3172	4.98	106.20
Woodford	163	142	158	-0.81	43.49
Cook	33190	32279	37699	7.02	63.23

In FY90, 42% of all DASA admissions -- 34,446 clients -- reported substances other than alcohol as their primary substance of abuse. Comparatively, about 40% of the admission total -- 32,171 clients -- did so in FY89.

DASA admissions for primary cocaine abuse declined in FY90 for the first time in more than a decade. Primary cocaine abuse accounted for 45% of all DASA drug (excluding alcohol) admissions in FY90 compared to 53% in FY89, 47% in FY88, and only 6% in FY82. However, FY90 treatment admission data reflect an increase in client preference for smoking as an administration route and a decline in preference for the oral route of administration, a likely indication of increased admissions for abuse of crack. Between FY88 and FY90, the percentage of drug treatment clients preferring the oral administration route fell from 67% to 60% and the percentage reporting smoking as the preferred administration route increased from 12% to 17%.

Primary marijuana abusers have also been declining as a proportion of drug treatment admissions. In FY86, marijuana was the primary drug of choice among 30% of all drug admissions. In FY89, marijuana accounted for only 17% of all drug admissions, and in FY90 only 15%.

For many years, heroin and other narcotics constituted the major illicit primary drug of choice reported at admission. At one time, 85% of all drug admissions were for heroin

and as recently as 1984, it accounted for about 40% of the total. In FY90, however, primary heroin abuse accounted for 14% of all drug admissions, a slight increase from 12% in FY89.

Outpatient methadone maintenance admissions totaled 2,849 in FY90, an increase of 21% from the FY89 total. Demographically, white admissions declined to 16% of the total, from 27% in FY89, while black admissions increased to 77% from 65%. As in FY89, just over 60% of all outpatient methadone admissions were male. The average duration of service was 64 hours, a significant decrease from 97 hours in FY89.

Residential-rehab methadone admissions totaled 199 in FY90, a increase of 50% from FY89. Demographic breakdowns again reveal a decline in white admissions -- from 29% of the total in FY89 to 19% in FY90 -- and an increase in black admissions -- from 69% to 73%. The male/female ratio, which remained relatively constant between FY88 and FY89, became predominantly male (72%). The average length of stay was 145 days, an increase of 33% from 109 days in FY89.

It is important to note that while DASA admission data represent a large portion of the overall demand for substance abuse treatment in the state, numerous private programs provide treatment services to a smaller but significant number of clients who are not included in the state's reporting system.

The Illinois Health Care Cost Containment Council (IHCCCC) reports that Illinois hospitals treated 37,000 patients for alcoholism and drug abuse in 1988. About 24,000 hospital stays were linked to alcoholism that year, compared to about 13,000 for other drugs.

Chicago had the highest *rate* of drug-related hospitalizations, 193 for every 100,000 residents. The health service area encompassing Rock Island, Mercer and Henry counties had the highest rate of alcohol-related hospitalizations, 302 for every 100,000 residents. The health service area encompassing St. Clair, Madison, Monroe and Clinton counties

had the second highest rate of both drug and alcohol related hospitalizations in the state. The four Metro East counties had 143 drug-related and 242 alcohol-related hospitalizations for every 100,000 residents. The statewide drug-related and alcohol-related hospitalization rates were 113 and 205 per 100,000 residents, respectively.

The IHCCCC study found that length of hospital stay varied considerably depending on how patients paid. For alcohol abuse, commercially insured patients were hospitalized an average of nearly 18 days while the average hospital stay for Medicaid patients was less than six days. The variation was even more pronounced for drug abuse, nearly 19 days for commercial insurance compared to slightly more than four days for Medicaid. The average hospital charge for treatment of alcohol abuse was \$5,832, while the average charge for drug abuse treatment was \$5,588. The average lengths of stay for alcohol and drug abuse treatment were 11 and 12 days respectively.

Illinois continues to experience the effects of perinatal substance abuse. Over the past 7 years, the number of substance affected infants reported in the state increased from 181 in FY85 to 2,404 in FY90 and 2,627 in FY91. The number of *verified* substance affected infants in the state increased 19-fold, from 122 in FY85 to 1,707 in FY90 and to 2,415 in FY91. Reported substance affected infants are verified through an investigation by the Illinois Department of Children and Family Services. A comparison of verified substance affected infants to the number of live births in Illinois indicates that Illinois' substance-affected birth rate was 94.9 per 10,000 in 1989 (the last year live birth figures are available), compared to 55.2 per 10,000 in 1988 and 5.5 per 10,000 in 1985.

These figures represent a substantial undercount of the total problem because physicians and hospitals do not screen and test all women and their infants for drugs. Research has found that when screening and testing is uniformly applied, a much higher number of drug-exposed infants are identified. One recent study documented that hospitals that assess every pregnant woman or newborn through rigorous detection procedures, such as review of the medical history and urine toxicology for drug exposure, had an incidence

rate that was three to five times greater than hospitals that relied on less rigorous methods of detection, such as only when the mother reports drug use or the infant displays signs of drug withdrawal.

Although most cases of substance affected infants in Illinois are reported from Chicago and the remainder of Cook County, the problem has touched a majority of counties in the state and crosses all socio-economic lines. Since 1985, drug-exposed births have been reported in 73 of Illinois' 102 counties. Of the 9,444 cases reported over the 7-year period, 8,098 were reported in Cook County. In other words, Cook County accounts for about 50% of Illinois' live births but almost 86% of the state's substance affected infants (see Figure 13). Most drug-exposed births occurring outside Cook County are concentrated in other metropolitan areas.

Drug Distribution Networks

No one doubts that criminal commercial networks have been established to facilitate the distribution of drugs -- within this country, within Illinois, in our cities, even in our neighborhoods. Trafficking organizations in Illinois tend to operate in population centers and the surrounding metropolitan areas. Most of the illicit drug trafficking continues to reflect the trend of loose cooperation among trafficking organizations. Trafficking organizations have been principally managed by a key personality. This key person coordinates and directs the activities of the group that interacts with other organizations in the drug trafficking loop. Typically, organizations tend to specialize in a certain part of the drug trafficking process, from production to retail selling. It is unusual to encounter a single organization that is totally responsible for the production, transportation, wholesale distribution, and retail selling of an illicit drug.

In most instances, major drug organizations represent the wholesale distribution link in an area. They link with an importing source, transport the drug into the area, and distribute to smaller organizations for selling on the street. Two principal

Figure 13
Reported Substance Affected Infants (SAIs) By County
1985-1991 Cumulative Number and Percent of State Total, and
1989 Live Births and Percent of State Total

	Reported SAIs	Percent of State SAI Total	1989 Live Births	Percent of Total Live Births
Cook	8,098	85.7	94,096	51.0
Lake	167	1.7	9,252	5.0
St. Clair	167	1.7	4,721	2.6
Winnebago	158	1.7	4,195	2.3
Kane	130	1.4	5,953	3.2
Will	109	1.2	5,802	3.1
Peoria	61	0.6	2,767	1.5
Macon	54	0.6	1,784	0.9
DuPage	53	0.6	13,235	7.2
Madison	50	0.5	3,715	2.0
Sangamon	45	0.5	2,718	1.5
Kankakee	41	0.4	1,650	0.9
Rock Island	40	0.4	2,220	1.2
Champaign	27	0.3	2,662	1.4
Vermilion	19	0.2	1,199	0.6
McLean	12	0.1	1,736	0.9
Knox	10	0.1	685	0.4
McHenry	10	0.1	3,041	1.6
25 Counties with 3 to 9 SAIs	132	1.4	14,565	7.9
30 Counties with 1 to 2 SAIs	44	0.5	8,471	4.6
Totals	9,444	100.0	184,467	100.0

types of organizations are responsible for most of the drug trafficking in the state: existing networks and entrepreneurs. Among existing networks, there are two subcategories -- the family network and the long-established criminal network including motorcycle and some street gangs. The existing networks are not exclusively drug distribution organizations, but are usually involved in other criminal activity. The entrepreneur is typically a self-financed individual who obtains an out-of-state source for drugs and employs a network of long-time associates to distribute them.

Although identifying the members of drug distribution networks is extremely difficult, law enforcement in Illinois has had considerable success tracing the lines of distribution. In the past year, the patience and painstaking efforts of numerous local and state authorities have yielded encouraging results.

For example, a two-year investigation in central Illinois involving local, state and federal agencies, including the Internal Revenue Service, resulted in the indictment of more than 100 individuals for providing LSD and cocaine to elementary and high school students. Although the trafficking ring was nationwide in scope, and a significant amount of the LSD being distributed was brought into Illinois from Colorado, authorities are continuing to investigate the possibility of locally based clandestine labs. In another cooperative effort in northern Illinois, local and state enforcement agencies and Naval Intelligence Services collaborated to investigate and arrest 42 individuals involved in street-corner drug dealing operations. Such investigations, those which disrupt the trafficking of drugs in a particular market or a network of markets, are time-consuming and difficult to pursue. They also require the support and cooperation of law enforcement officials at the federal, state, and local levels. To date, Illinois has experienced good cooperation among diverse jurisdictions. Joint investigations with the U.S. Drug Enforcement Administration alone resulted in 142 arrests -- 43% of them involving the distribution of cocaine or heroin -- and 193 convictions in 1990 (some 1990 convictions are the result of investigations and arrests made during previous years).

Role of Organized Crime, Ethnic Groups, and Gangs in Drug Trafficking

The extent to which organized crime groups, ethnic groups, or gangs may be involved in drug trafficking is not information law enforcement intelligence officers in Illinois are willing to make public. Enforcement and prosecution case reports, however, suggest that the Sicilian Mafia, Central and South American nationals, outlaw motorcycle gangs, and urban street gang members are all involved in narcotics trafficking, with no single organization dominating the market. The Chicago area has also experienced activity in white heroin trafficking by Chinese groups that are well organized and international in scope.

One major organization built along ethnic lines and consisting of between 300 and 400 Mexican nationals continues to operate in the Chicago area. Although about 50 semi-independent groups or families make up the organization, they cooperate with one another from time to time, sharing manpower and drug resources to accomplish a given purpose. On the top and bottom layers of the organization, criminal associations with Colombian, Puerto Rican, Italian, Cuban, and black criminal groups are not uncommon. Law enforcement officials estimate that more than 1,000 individuals work with the organization in some manner.

There is also evidence of relationships between Colombian cocaine traffickers and Mexican brown heroin traffickers. The Colombians appear to have shifted some of their traditional south Florida distribution operations to the Southwest and West, and are using the long-established traditional Mexican brown heroin trafficking routes that come from Mexico, through the Southwest to Chicago.

Motorcycle gang members also appear to be involved in the distribution of drugs in Illinois. For example, intelligence reports documented the role of outlaw motorcycle gangs in a manufacturing and distribution network for methamphetamine that operated in Illinois and several Midwestern and Western states in 1989.

Street Gangs - While it is clear that street gang members are involved in drugs, violence and other criminal activity, documenting the extent and nature of the problem with any precision is difficult. One major reason for this is the lack of standard definitions across jurisdictions regarding exactly what constitutes a gang-related incident. For example, one jurisdiction might classify a homicide as gang-related whenever the perpetrator or victim is associated with a street gang, regardless of the circumstances or motivation for the homicide incident. Another jurisdiction might classify a homicide as gang-related only when the incident is specifically related to street gang activity. Another reason it is difficult to document the extent and nature of the gang problem is the lack of a statewide central mechanism for gathering and sharing intelligence information on gang-related criminal activity.

Law enforcement and anecdotal reports that are available, however, continue to link street gang members to the distribution of drugs in Illinois and to incidents of drug-related violence. Although the final dismantling of the El Rukns (a street gang formed on Chicago's South Side in the 1960's that grew into a major nationwide criminal organization dealing in narcotics, weapons, extortion, and murder) occurred in late 1989, law enforcement officials in Chicago, East St. Louis and other cities cite violence between street gangs as a major factor contributing to recent increases in homicide. In Chicago, which uses a strict definition of gang-related incidents, homicides involving street gang members increased from 50 (7% of the annual total) in 1987 to 75 (10% of the annual total) in 1989, and 95 (11% of the annual total) in 1990. Street gangs have been identified by law enforcement not only in Chicago and East St. Louis, but in Springfield, Rockford, Joliet, Aurora, and selected areas of suburban Cook, Lake and DuPage counties. Data suggest, however, that the leaders of these gangs are, according to Illinois law, adults.

Recent data from Joliet and Aurora illustrate the extent of the gang problem in these communities. As of 1991, four major gangs with a total membership of more than 2,000 individuals were operating in Joliet, and five major gangs with a total membership of

more than 600 individuals were operating in Aurora. In both cities, gang-related drug dealing and violence have been increasing. In Joliet, there were 233 firearms arrests in 1988, 112 (48%) involving gang members, compared to 171 firearms arrest in 1985, 57 (33%) of which involved gang members. Gang-related shooting incidents in Joliet increased from 158 in 1986 to 170 in 1989, and 260 in 1990. Gang-related murders in Joliet increased from 6 in 1986 to 15 in 1990. In a recent survey of 5,698 randomly selected residents of Joliet, 89% of the respondents identified gang activity as a big problem and 87% identified illegal drugs as a big problem.

Law enforcement is currently investigating the arrival of West Coast street gang members in the Chicago area. Los Angeles-based gang members are reported to be distributing cocaine with four local gangs in selected Chicago neighborhoods and up to 13 suburban communities. In some of these areas within Chicago, community residents are reporting increased violence and takeovers of apartment buildings by gang members, and law enforcement is reporting the seizure of semi-automatic weapons. Investigators are attempting to determine whether the arrival of the West Coast gang members is an orchestrated move into Chicago or "freelancing" on the part of a few entrepreneurs.

Law enforcement intelligence reports indicate that Los Angeles-based gangs have been operating in East St. Louis as well. In that city, they have apparently been successful in taking over the drug trade from at least some local gangs. One traditionally powerful East St. Louis gang now has only a minor presence in the city but is allegedly attempting to establish itself in public housing areas in Springfield.

Public Housing - Accounts of street gang violence related to the control of the drug trade in public housing complexes are not uncommon. The physical configuration of buildings and the social and economic isolation of residents make public housing communities fertile ground for drug abuse and crime. In many developments, the typical household is headed by a single mother on welfare who has not finished high school and the family has been replaced by the gang, which offers a chance to belong and an opportunity to

earn money and status. Residents can literally become trapped in their homes, held hostage by drug dealers who traffic in the hallways and grounds. Threats of violence and retaliation keep many residents from taking control of their buildings or reporting crime to the police.

The Chicago Housing Authority (CHA) administers more than 50,000 units of public and assisted housing in the city of Chicago, making it the third largest housing authority in the nation. The prevalence of drug and gang-related activities and the compounding physical and social conditions are clearly reflected in crime statistics for its 150,000 residents.

CHA residents are much more likely than other Chicagoans to be victims of violent crime. In 1990, the murder rate at CHA properties was three and one-half times higher than that of the city as a whole, while criminal sexual assault was twice as common and serious assault was two and one-half times as common. The violent crime rate for all CHA residents was 8 crimes per 100 residents in 1990 compared to 3 violent crimes per resident for the city as a whole. Based on data for the first 6 months of 1991, the problem is worsening. During all of 1990, there were 7,370 serious crimes reported on CHA property. From January through June 1991, 4,279 serious crimes were reported. CHA officials report that approximately 80% of the criminal activity within their developments is committed by outsiders -- unauthorized residents and visitors -- who take advantage of open-air galleries, exposed elevators, and otherwise easy access to buildings.

Marijuana Growers - Recent National Institute of Justice-supported research on marijuana cultivation conducted by Illinois State University's R. A. Weisheit has produced a general profile of marijuana growers in Illinois as well as a number of other relevant findings.

Based on the study's findings, the typical marijuana grower in Illinois is white, male, and in his late 30's. As a group, growers are long-term and

established residents in their local communities and are relatively well educated, having a minimum of a high school degree. They are gainfully employed, but have limited incomes which may be the reason they choose to supplement their incomes in this fashion. Interestingly, this characteristic has also been found to apply to urban street dealers and is contrary to the stereotypes depicting those in the drug business as unemployed and making luxurious incomes from their drug activities. Although about one-half of the growers had a prior arrest, these were usually non-drug minor offenses that took place at a relatively young age. For the most part, the growers had a short non-serious offense history.

The typical grower had been growing for 5 years. Most had been growing outdoors and were cultivating sinsemilla, the more potent and labor intensive way of growing marijuana. The operations ranged from 20 (the minimum set for inclusion in this study) to more than 6,000 plants, with a median of 75 plants. Growers could expect to receive between \$700 and \$2,000 a pound for their product and could plan on harvesting between one-half and one pound from each plant. In practice, a few growers barely broke even and a few appeared to have become quite wealthy. For most it was a modest supplement to their legitimate incomes.

Three types of commercial growers were identified: hustlers, commercial growers, and pragmatists. Hustlers were high rollers who entered to make large profits and whose commitment to growing was based on the challenge of being a large entrepreneur. This category was numerically small but these growers probably made a substantial contribution to the domestic marijuana supply. Commercial growers entered the marijuana business as part of a lifestyle of which marijuana played a part. They began growing for their own consumption and drifted into commercial growing to meet some economic need. This category was most likely to include growers

who were fascinated with the process of growing and whose motivations for growing were not strictly monetary. This was the largest category of grower, though their plots were usually smaller than those of the hustler. Finally, pragmatists were those who were only in the marijuana business out of economic necessity, and if their economic problems had been resolved they would have stopped growing. They had no particular commitment to marijuana itself and were not necessarily users.

Law enforcement officers participating in the study were in basic agreement regarding the lack of violence among growers but emphasized that growing contributes to local drug use, the introduction of criminal types into the community to purchase and distribute the product, and the potential for violence from and against marijuana thieves (Weisheit, 1990).

While drug-related violence may not be particularly discernable in the context of Illinois' cultivation operations, there is clear evidence that in all other aspects of the drug trade, users and dealers both arm themselves and engage in violent crime. For example, more than 2,300 firearms were seized as part of drug investigations in Chicago in 1990 and more than 2,700 were seized in 1989. During the two-year period, firearms confiscated from drug offenders accounted for more than 15% of the total number of firearms seized by the police. By comparison, only 1,670 firearms were seized from drug offenders in Chicago in 1981, or 10% of the total. Law enforcement reports seizures of weapons, including semi-automatic and other high-powered firearms, from drug offenders in other areas of the state as well. Clearly, violence within the drug culture and violence directed outside the drug culture by drug offenders is not uncommon throughout Illinois.

Nature, Amount, and Causes of Violent Crime

1990 was again a record year for violent crime in Illinois as the state tallied its highest annual total of violent offenses reported to the police and its highest violent crime rate

since statewide reporting began in the early 1970's. Statewide, 112,042 violent offenses were reported to the police during 1990, 11.2% more than in 1989, 34% more than in 1985 and more than double the number reported in 1980. The 11.2% increase between 1989 and 1990 is the largest annual increase in Illinois since the 1960's. The 1990 violent crime rate of 980 violent offenses per 100,000 population exceeded the 1989 rate by 13%, the 1985 rate by 34%, and the 1980 rate by 105%.

Although violent crimes tend to receive the most public attention, it is important to keep in mind that they are clearly outnumbered by property crimes in Illinois. In the late 1970's and early 1980's, the difference was as high as 10 index property crimes to every one index violent crime. From 1987 through 1989, however, the difference was less than 6-to-1, and in 1990 it was 5-to-1. With this in mind, trends in individual violent offense types are analyzed and discussed in detail below.

Of the four violent index crimes, the most common in Illinois are robbery and aggravated assault. In 1990, these two crimes made up 93% of all violent crimes reported in the state. Murder and sexual assault accounted for the remaining 7%.

The patterns since 1972 for both robbery and aggravated assault have been quite similar -- both increased in the early 1970's, were relatively lower during the rest of the 1970's and early 1980's, and then increased sharply after 1982. For both crimes, the increases in 1983 and 1984 were due largely to changes in the Chicago Police Department's crime-reporting practices. And although there were sharp increases again in 1986, both crimes generally leveled off in 1987 and 1988. Between 1988 and 1989, however, robbery increased 9% and aggravated assault increased 5%. Between 1989 and 1990, robbery increased another 15% (to nearly 45,000) and aggravated assault another 10% (to nearly 60,000).

While the number of murders reported in Illinois has fluctuated considerably since the early 1970's, significant increases have occurred over the past two years. Statewide

murder totals hovered around 1,000 a year from 1982 through 1988, with a high of 1,072 in 1983 and a low of 935 in 1985. Between 1988 and 1989, murders increased 8% statewide from 989 to 1,063. Then, between 1989 and 1990, murders increased another 11% to 1,182, the highest statewide total since 1981. As a serious offense that traditionally has been accurately reported, murder was not affected by the reporting changes in Chicago.

Over the past two years, Chicago has gone from its lowest homicide levels in a generation to among its highest ever. Chicago reported 851 murders in 1990, almost 15% more than the previous year and 29% more than in 1988. In 1990, Chicago reported 107 murders, or nearly 15% of the annual total, as being drug-related. During 1987, only 41 murders, or 6% of the annual total, were reported as drug-related. So far, 1991 is shaping into the second deadliest year in Chicago history (not quite eclipsing the annual record of 970 set in 1974). From January 1 through August 31, 1991, Chicago recorded 623 murders compared to 593 during the same time period in 1974. August 1991, was the deadliest month ever in Chicago with 120 murders, 3 more than the previous record of 117 in November 1974.

With regard to homicide, Illinois had the unfortunate distinction of being home to the murder capital of the United States in 1989. When comparing U.S. cities with a population of 10,000 or more, East St. Louis ranked the deadliest in the country. The city's 1989 homicide rate of 133 slayings per 100,000 residents was from 33% to 50% higher than its nearest competitors -- East Palo Alto, California, the Detroit suburb of Highland Park, and the notorious Compton area outside of Los Angeles -- and nearly twice that of Washington D.C.'s fifth ranking rate of 77 per 100,000 residents. East St. Louis' 1990 murder rate of 110 slayings per 100,000 residents was still from 6% to 42% higher than these cities. More murders (45) were reported in East St. Louis during 1990 than in each of the following 12 states: Alaska, Delaware, Hawaii, Idaho, Maine, Nebraska, New Hampshire, North Dakota, Montana, South Dakota, Vermont, and Wyoming. In 1991, murders in East St. Louis were well on their way to a new annual

record. The city recorded 50 murders from January 1 through October 1, 1991, compared to 42 during the same time period in 1989, when the annual record of 63 murders was established. Law enforcement officials cite the city's significant crack cocaine problem, gangs, and depressed social conditions as contributing factors.

Reported sexual assaults in Illinois fluctuated between approximately 2,400 and 3,300 per year throughout the 1970's and the early 1980's. Between 1983 and 1986, however, the number of reported sexual assaults in the state increased dramatically. Two factors probably played a large part in this trend: the Chicago reporting changes and the enactment on July 1, 1984, of sweeping changes in Illinois' sexual assault laws. Besides adding new offenses to the category of sexual assault, the 1984 changes in the law also generated more publicity about the crime. Law enforcement officials were trained in how to record sexual assaults under the law, and advocacy and police organizations that encourage victims to report sexual assaults and to testify against sex offenders became more influential and successful. By 1986, however, the two reporting changes were probably not major factors in the 10% increase in reported sexual assaults that occurred that year. Between 1988 and 1990, reported criminal sexual assaults increased 5%, from 6,087 to 6,399. It should be noted, however, that outside of Chicago criminal sexual assaults increased almost 17% between 1988 and 1990.

A substantial majority of the violent crimes reported in Illinois take place in Chicago. In 1990, for example, Chicago accounted for about 24% of the state's population, but more than 73% of all violent offenses reported statewide. As a result, statewide violent crime trends are largely determined by offense patterns in Chicago. This influence is particularly striking in the statewide totals for 1983 and 1984, the years immediately following the Chicago Police Department's reporting changes. According to one study, these reporting changes affected most types of violent crime, except for murder and armed robbery with a firearm. The result was a 51% jump in the number of violent offenses reported by Chicago police between 1982 and 1983. In 1984, the first full year the reporting changes were in effect, the violent offense total was 132% higher than the

1982 figure. Because violent crime totals for the entire state are driven largely by Chicago figures, the statewide total also increased dramatically in 1983 and 1984. Compared with the 1982 figure, the number of violent crimes reported statewide was one-third higher in 1983 and 65% higher in 1984. However, the 1986 increase in violent crime occurred in all of Illinois, not just Chicago, which indicates that this increase was not due solely to Chicago's reformed reporting procedures.

Chicago clearly accounts for the majority of violent crime reported in Illinois. But the city also is home to almost one-quarter of the state's population and has more than 18 times more people than Rockford, the state's second largest city. If population is accounted for, however, violent crime is still more frequent in Chicago and other large metropolitan areas of Illinois than in the state's smaller jurisdictions.

To measure the relative frequency of violent crime in jurisdictions that have different population characteristics, crime rates must be used. Crime rates measure the per-capita amount of reported crime in a community, or group of communities, by calculating the number of crimes for every 100,000 people. For this report, crime rates were calculated for five different types of jurisdictions in Illinois: Chicago; other large municipalities (Metropolitan Statistical Area [MSA] cities with a population in excess of 50,000); suburban areas (MSA cities and towns with a population of 50,000 or less); other cities (non-MSA cities and towns); and rural areas (unincorporated parts of the state that fall under the jurisdiction of county sheriffs' offices).

Comparing annual crime rates in these five types of jurisdictions suggests that the size of the jurisdiction is directly related to violent crime rates: the greater the population density of an area, the higher its violent crime rate. In every year between 1972 and 1990, Chicago had the highest violent crime rate in the state -- in 1990, there were more than 2,959 reported violent index crimes for every 100,000 city residents. Second-highest violent crime rates (2,095 per 100,000) for 1990 were found in other large municipalities, followed by suburban areas (280.5), other cities and towns (239.6), and then rural areas

(181.8). In general, Chicago and other large cities have about 8 to 10 times as many violent index crimes per resident as do suburban or other areas of the state.

Between 1989 and 1990, the violent crime rate increased 12.4% in Chicago, 12.8% in suburban areas, 13.6% in other large municipalities, 11.3% in other cities and towns, and 6.0% in rural areas.

Figure 14 displays 1988, 1989, and 1990 reported violent index crime offense totals and violent index crime offense rates per 100,000 population for each of Illinois' 102 counties. The average annual percent change in the number of reported offenses and the offense rates for the 3-year period are also included in the table. Seventy-three of the 102 counties experienced an average annual increase in the number of violent index offenses reported to the police, with the average annual increase exceeding 10% in 50 of the counties. Seventy-four counties experienced an average annual increase in the violent index offense *rate*, with the average annual increase exceeding 10% in 51 of the counties.

Data for Illinois municipalities with a population in excess of 50,000 (excluding Chicago), or which have had relatively high crime rates in the past, are displayed in Figure 15. The number of violent index offenses reported in these municipalities in 1990 ranged from 2,362 in East St. Louis to less than 25 in a handful of other jurisdictions. Of the 50 municipalities listed, however, 39 have experienced an average annual increase in reported violent offenses over the past 3 years. In terms of the violent index offense *rate*, which controls for population, East St. Louis again ranked most violent among the 50 municipalities examined, with 5,769 violent offenses per 100,000 population. Over the past 3 years, 36 of the 50 municipalities experienced an average annual increase in the violent offense rate. Of these 36 municipalities, 21 experienced an average annual increase in excess of 10%.

Figure 14
Violent Index Offenses and Offense Rates
By County - 1988, 1989 and 1990

County	Violent Index Offenses				Index Offense Rate per 100,000			
	1988	1989	1990	Average Annual Percent Change	1988	1989	1990	Average Annual Percent Change
Adams	119	135	146	10.8	174	201	221	12.7
Alexander	176	167	178	0.7	1539	1514	1675	4.5
Bond	4	5	8	42.5	25	32	53	46.2
Boone	64	59	56	-6.4	218	196	182	-8.6
Brown	5	6	4	-6.7	95	108	69	-11.5
Bureau	6	5	17	111.7	16	14	48	116.0
Calhoun	2	4	4	50.0	35	73	75	54.7
Carroll	23	6	18	63.0	130	35	107	67.5
Cass	4	15	13	130.8	29	110	97	135.2
Champaign	1097	833	948	-5.1	649	487	548	-6.2
Christian	11	12	18	29.5	31	34	52	31.6
Clark	9	8	10	6.9	55	49	63	8.8
Clay	7	11	14	42.2	46	74	97	45.6
Clinton	13	7	27	119.8	38	21	80	121.0
Coles	70	57	51	-14.5	134	110	99	-14.1
Cook	75402	80649	90257	9.4	1412	1544	1768	11.9
Crawford	7	12	13	39.9	34	60	67	43.7
Cumberland	2	1	4	125.0	19	9	37	126.1
DeKalb	102	107	109	3.4	139	141	140	0.5
DeWitt	24	47	51	52.2	137	276	309	56.8
Douglas	6	14	14	66.7	31	72	72	65.5

Figure 14 (continued)
Violent Index Offenses and Offense Rates
By County - 1988, 1989 and 1990

DuPage	902	898	1289	21.5	119	117	165	19.6
Edgar	46	32	25	-26.2	220	158	128	-23.7
Edwards	1	3	2	83.3	12	38	27	94.4
Effingham	28	26	29	2.2	89	82	91	1.9
Fayette	7	3	11	104.8	32	14	53	110.0
Ford	10	15	16	28.3	68	104	112	30.0
Franklin	51	62	42	-5.3	120	150	104	-3.0
Fulton	34	47	57	29.8	90	124	150	29.1
Gallatin	15	12	8	-26.7	196	165	116	-22.8
Greene	10	7	23	99.3	65	45	150	100.2
Grundy	29	37	35	11.1	92	116	108	9.9
Hamilton	3	2	3	8.3	33	23	35	12.1
Hancock	10	4	20	170.0	43	18	94	181.4
Hardin	0	3	3	0.0	0	57	58	0.0
Henderson	6	5	1	-48.3	66	58	12	-45.2
Henry	38	32	40	4.6	73	62	78	5.9
Iroquois	33	19	22	-13.3	103	61	71	-11.6
Jackson	226	193	224	0.7	377	319	367	-0.2
Jasper	6	6	12	50.0	55	56	113	52.8
Jefferson	78	73	111	22.8	202	193	300	25.5
Jersey	14	20	29	43.9	69	98	141	43.0
Jo Daviess	12	22	22	41.7	51	97	101	46.7
Johnson	2	5	6	85.0	19	46	53	78.1
Kane	1405	1322	1321	-3.0	448	419	416	-3.6
Kankakee	761	755	890	8.5	778	778	925	9.4

Figure 14 (continued)
Violent Index Offenses and Offense Rates
By County - 1988, 1989 and 1990

Kendall	38	39	44	7.7	102	102	112	4.8
Knox	95	99	99	2.1	169	176	176	1.9
Lake	1360	1434	1505	5.2	284	288	291	1.3
LaSalle	104	84	86	-8.4	97	78	80	-8.3
Lawrence	2	1	6	225.0	11	6	38	247.1
Lee	30	30	36	10.0	91	89	105	7.9
Livingston	34	39	49	20.2	84	98	125	22.0
Logan	41	26	33	-4.8	133	84	107	-4.7
Macon	686	696	670	-1.1	538	569	572	3.1
Macoupin	32	32	26	-9.4	66	66	55	-8.4
Madison	671	713	911	17.0	269	286	366	17.0
Marion	99	97	92	-3.6	224	226	221	-0.6
Marshall	1	9	13	422.2	7	69	101	432.7
Mason	4	12	32	183.3	23	71	197	192.5
Massac	41	22	23	-20.9	273	148	156	-20.2
McDonough	39	39	50	14.1	110	111	142	14.2
McHenry	159	163	184	7.7	96	93	100	2.6
McLean	337	304	339	0.9	265	237	262	0.1
Menard	4	1	5	162.5	35	9	45	165.8
Mercer	6	17	4	53.4	32	94	23	60.1
Monroe	23	14	9	-37.4	107	64	40	-38.8
Montgomery	21	17	16	-12.5	66	54	52	-11.1
Morgan	71	77	102	20.5	195	211	280	20.5
Moultrie	22	7	14	15.9	153	49	101	17.8
Ogle	29	37	33	8.4	63	81	72	8.3

Figure 14 (continued)
Violent Index Offenses and Offense Rates
By County - 1988, 1989 and 1990

Peoria	1463	1483	1638	5.9	797	809	896	6.1
Perry	27	29	49	38.2	122	133	229	40.7
Piatt	10	15	18	35.0	62	95	116	37.1
Pike	5	5	5	0.0	28	28	28	0.8
Pope	9	5	3	-42.2	204	114	69	-41.9
Pulaski	13	24	10	13.1	153	300	133	20.0
Putnam	2	1	2	25.0	34	17	35	27.6
Randolph	23	20	30	18.5	65	57	87	19.8
Richland	25	31	19	-7.4	137	178	115	-2.6
Rock Island	495	555	658	15.3	302	355	442	21.0
Saline	20	32	41	44.1	70	116	154	49.3
Sangamon	1081	1163	1238	7.0	603	650	694	7.3
Schuyler	5	2	2	-30.0	65	26	27	-29.2
Scott	2	2	1	-25.0	34	35	18	-23.2
Shelby	2	5	4	65.0	9	22	18	68.3
Stark	4	6	7	33.3	60	91	107	34.4
St. Clair	2932	2940	3073	2.4	1096	1109	1169	3.3
Stephenson	140	113	199	28.4	282	231	414	30.4
Tazewell	144	132	145	0.8	115	106	117	1.3
Union	33	18	14	-33.8	182	101	79	-32.9
Vermilion	436	458	452	1.9	479	511	512	3.5
Wabash	8	13	18	50.5	57	95	137	56.2
Warren	27	29	22	-8.4	132	146	115	-5.3
Washington	9	9	5	-22.2	60	60	33	-21.8
Wayne	1	6	5	241.7	5	34	29	254.2

Figure 14 (continued)
Violent Index Offenses and Offense Rates
By County - 1988, 1989 and 1990

White	14	13	5	-34.3	77	75	30	-31.3
Whiteside	67	98	90	19.1	107	159	150	21.5
Will	1604	1822	1702	3.5	465	519	476	1.7
Williamson	125	120	119	-2.4	214	207	206	-1.8
Winnebago	1577	1588	1847	8.5	628	630	730	8.2
Woodford	16	23	21	17.5	49	71	64	17.3

Figure 15
Violent Index Offenses and Offense Rates
Selected Municipalities - 1988, 1989 and 1990

Municipality	Violent Index Offenses				Index Offense Rate per 100,000			
	1988	1989	1990	Average Annual Percent Change	1988	1989	1990	Average Annual Percent Change
Aurora	707	719	888	12.6	828	789	892	4.1
Belleville	98	96	90	-4.1	229	218	210	-4.1
Bloomington	216	188	219	1.8	467	385	421	-4.0
Blue Island	84	99	88	3.4	369	436	415	6.6
Calumet City	132	106	161	16.1	331	271	425	19.3
Carbondale	114	99	123	5.5	472	424	455	-1.4
Champaign	699	533	585	-7.0	1181	901	921	-10.7
Charleston	28	17	23	-2.0	148	90	113	-7.2
Chicago Hgts	456	463	552	10.4	1283	1303	1669	14.8
Collinsville	45	58	71	25.7	218	274	316	20.6

Danville	321	358	344	3.8	876	1006	1017	8.0
DeKalb	58	57	62	3.5	184	179	178	-1.7
Decatur	647	671	638	-0.6	716	761	761	3.1
Dolton	75	91	121	27.2	314	383	506	27.1
DuQuoin	18	12	19	12.5	274	188	284	9.7
East Moline	71	34	40	-17.2	342	164	199	-15.5
East Peoria	19	16	25	20.2	89	76	118	20.5
East St.Louis	2281	2417	2362	1.8	4611	5114	5769	11.9
Elgin	425	355	384	-4.2	589	509	499	-7.8
Evanston	366	397	421	7.3	511	568	575	6.1
Ford Hgts	59	42	74	23.7	1124	946	1737	33.9
Galesburg	79	80	80	0.6	248	251	239	-1.9
Granite City	101	114	137	16.5	287	331	417	20.6
Harvey	497	616	751	22.9	1405	1792	2523	34.2
Joliet	1007	1152	1004	0.8	1325	1545	1307	0.6
Kankakee	575	535	667	8.9	2112	1993	2419	7.9
Lansing	35	26	49	31.4	121	89	174	35.1
Macomb	22	23	28	13.1	121	130	140	7.5
Marion	27	23	40	29.5	187	158	275	29.3
Mattoon	10	12	9	-2.5	52	63	49	-1.0
Maywood	465	618	681	21.5	1705	2260	2509	21.8
Moline	106	122	163	24.4	238	280	377	26.1
Mt. Vernon	53	53	68	14.2	303	313	400	15.5
Normal	75	52	73	4.9	204	131	182	1.6
N. Chicago	184	226	208	7.4	426	550	595	18.6
Oak Lawn	69	73	65	-2.6	118	127	116	-0.9
Oak Park	381	391	319	-7.9	701	729	595	-7.3
Pekin	76	73	81	3.5	243	234	251	1.8

Figure 15 (continued)
Violent Index Offenses and Offense Rates
Selected Municipalities - 1988, 1989 and 1990

Peoria	1332	1344	1488	5.8	1208	1227	1311	4.2
Phoenix	16	14	34	65.2	580	515	1534	93.4
Pinckneyville	1	6	7	258.3	31	186	208	252.2
Quincy	111	123	131	8.7	280	315	330	8.6
Rantoul	37	36	61	33.4	179	179	354	49.2
Robbins	74	139	116	35.6	840	1628	1547	44.4
Rockford	1299	1279	1523	8.8	957	951	1092	7.1
Springfield	922	1015	1060	7.3	919	1016	1007	4.8
Taylorville	5	6	8	26.7	44	52	72	27.8
Urbana	251	166	149	-22.1	702	444	410	-22.2
Washington Pk	196	96	102	-22.4	1996	1096	1373	-9.9
Waukegan	446	483	553	11.4	599	665	797	15.4

Current Efforts and Impact of the Strategy

Since the inception of the first statewide drug law enforcement strategy in 1986, Illinois has adopted a multi-faceted approach to the drug problem. Following the lead of the *National Drug Control Strategy*, Illinois has sought to reduce both the supply of illegal drugs and the demand for illicit drugs. Thus, efforts focus on enforcement of existing laws, treatment of those who use drugs, and education of both users and non-users to alert them to the hazards of drug use and promote positive alternatives to drugs. Again, this year -- despite the opinions of some skeptics -- Illinois is witnessing real and encouraging signs of progress in the fight against drugs.

Law Enforcement

The first *National Drug Control Strategy* recognized that "(A)s long as Americans are willing to pay for illegal drugs, someone will undertake the considerable risk involved in meeting that demand." Therefore, there was still "...a pressing need to maintain law enforcement and other programs designed to reduce the supply of drugs. Effective law enforcement action, against those who profit from drugs and against those who use drugs, protects our society, weakens the drug traffickers, and facilitates demand reduction. Success in drug law enforcement impacts on the drug trade and increases the perception of risk associated with drug-involved behavior, which will deter some potential users and traffickers."

The following agencies enforce state and federal drug laws in Illinois:

Local law enforcement agencies -- both municipal police and county sheriffs' departments. In general, these agencies enforce Illinois drug laws by uncovering violations of those laws in their daily work or in connection with other crimes. A number of large agencies, such as the Chicago, Waukegan, and Peoria police departments, have specialized narcotics units that conduct investigations within the department's jurisdictional boundaries.

Illinois State Police -- ISP's Division of Criminal Investigation (DCI) conducts investigations of drug law violations statewide. Both ISP and local law enforcement agencies frequently cooperate in drug investigations that cross jurisdictional boundaries or that require more resources than one agency can afford. Cooperative drug law enforcement between ISP and local law enforcement agencies has been institutionalized in many areas of the state in the form of task forces and metropolitan enforcement groups.

Task Forces -- Task forces are formed by local units of government that want to combine resources with each other and ISP to combat drug trafficking and abuse. Each participating local law enforcement agency contributes personnel to the task force, which is directed by a DCI special agent. A policy board consisting of an elected official from each participating community and the chief officer of each participating law enforcement agency oversees the work of the task force. Although Illinois' drug task forces are not required to restrict their activities to drug law enforcement, most do. There are currently 13 drug law enforcement task forces operating in more than one-half of Illinois' 102 counties.

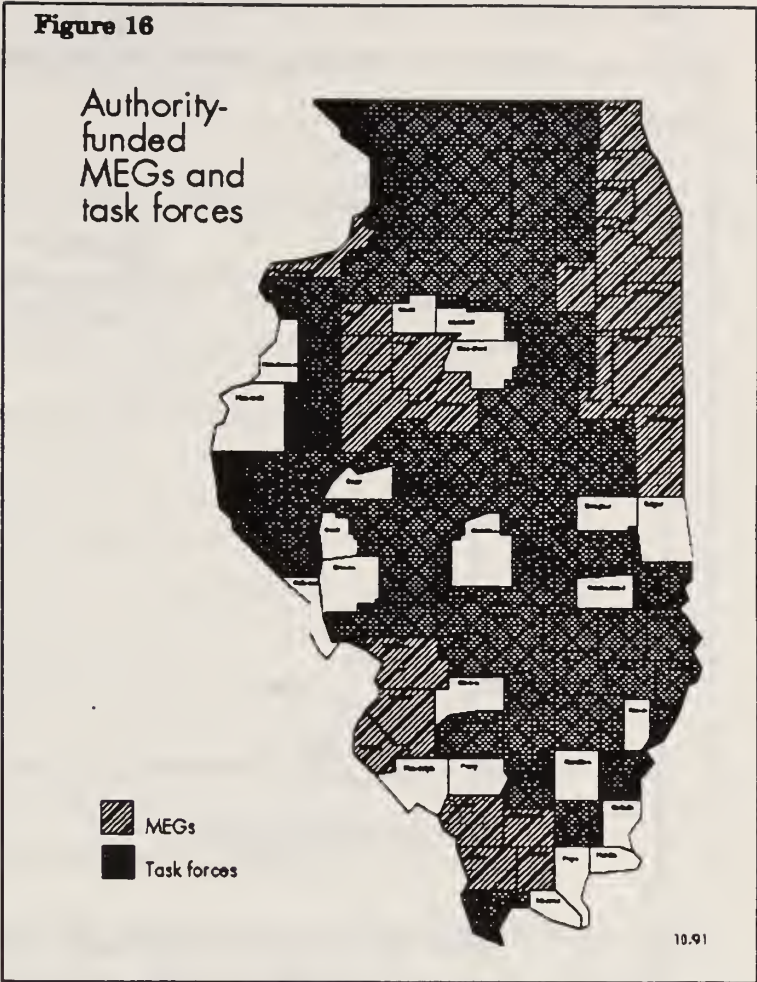
Metropolitan Enforcement Groups (MEGs) -- MEGs are formed and structured in the same way as task forces, but, unlike task forces, MEGs are specifically authorized by state statute, are funded in part by the Illinois General Assembly, and are required by law to restrict their activities to drug law enforcement. Currently, 10 MEGs are operating in more than 20 counties in different parts of the state.

Federal Agencies -- Several federal agencies, including the Federal Bureau of Investigation and U.S. Customs Service, are involved in enforcing federal drug laws in Illinois. But by far the most active federal agency in this part of the country in drug law enforcement is the Drug Enforcement Administration (DEA), a division of the Department of Justice. The DEA is responsible for national and international drug investigation and intelligence gathering, and for obtaining cooperation among federal, state, and local agencies in drug law enforcement operations.

Four years ago, only 35 counties in Illinois participated in a MEG unit or drug enforcement task force. Today, that number is 80 (see Figure 16). What's more, these 80 counties account for more than 97% of the state's total population. When federal,

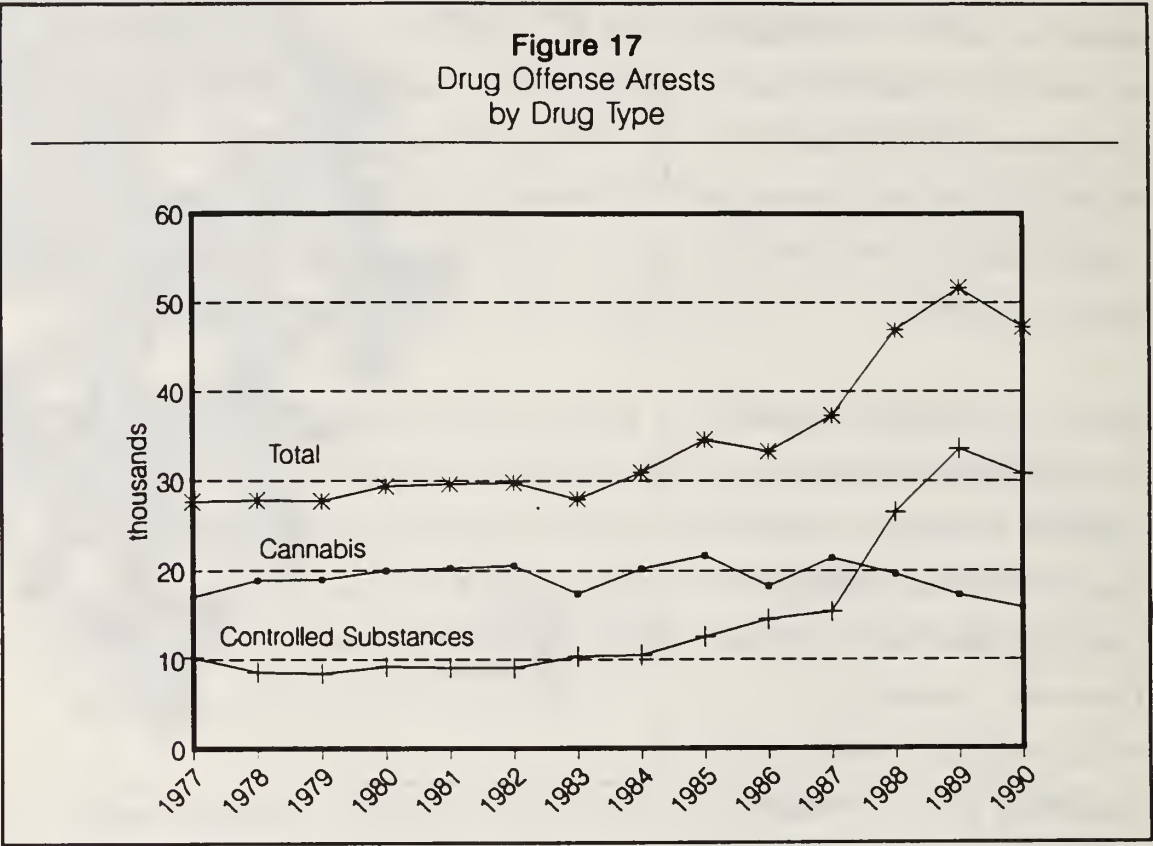
state, and local agencies cooperate in an investigation, charges may be filed under federal law, state law, or both, depending on the type of case, on what agency initiated the investigation, on what the evidence shows, and under what charges the heaviest sanctions could be brought.

Most drug offenses in Illinois are violations of either the *Cannabis Control Act* -- which prohibits growing, dealing in, or possessing marijuana -- or the *Controlled Substances Act* -- which prohibits manufacturing, possessing, or trafficking in other illegal drugs, such as heroin and cocaine. Illinois also has various other laws prohibiting other drug-related activity, such as the illegal sale or possession of hypodermic needles.



In 1990, 47,242 people were arrested in Illinois on drug charges under these state laws, two-thirds of them for cocaine and other controlled substances. Although the number of people arrested under the *Controlled Substances Act* declined 8% between 1989 and 1990, from 33,582 to 30,786, the 1990 controlled substance arrest total was still the second highest ever recorded in Illinois (see Figure 17). Prior to last year's decrease, controlled substance arrests had increased for seven consecutive years in Illinois. Overall, the number of controlled substance arrests in Illinois has more than tripled since 1982.

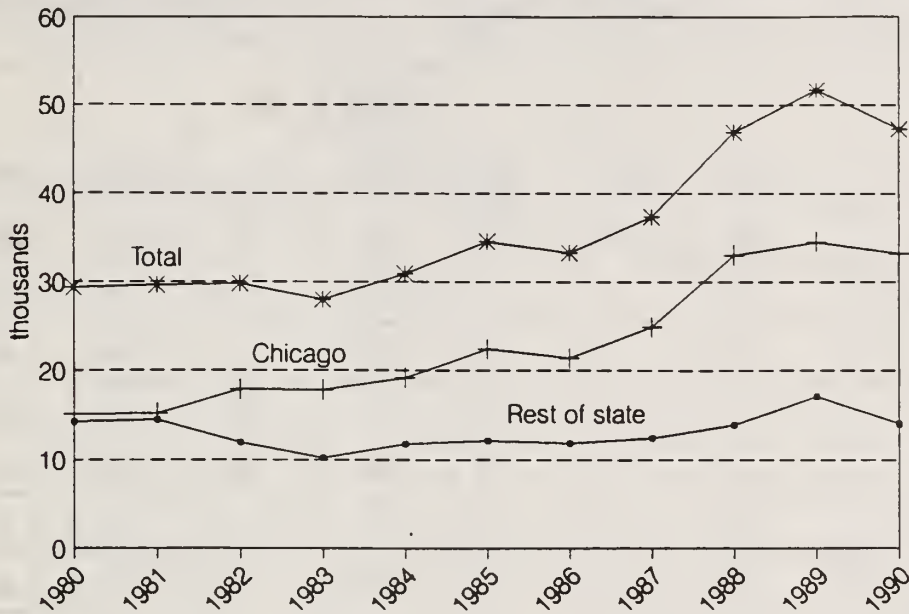
While the number of people arrested on cannabis charges has steadily declined since 1987, the number of other drug arrests has been increasing -- rising from 231 in 1982 to 627 in 1990.



Although most drug arrests in Illinois are for possession of drugs, arrests for drug delivery have been increasing at a more rapid pace. Delivery arrests rose each year between 1984 and 1989 (the most recent year for which possession/delivery data are available), increasing 115% over this six-year period to 6,618. During the same time period, possession arrests increased 62%, to about 43,000 in 1989. The trend in overall delivery arrests has been strongly influenced by arrests for controlled substance delivery.

Most drug arrests in Illinois are made in Chicago, and the number of drug arrests in Chicago has increased dramatically since 1980 (see Figure 18). Chicago tallied 33,234

Figure 18
Drug Offense Arrests
by Location



drug arrests in 1990, 3% less than in 1989 and roughly the same as in 1988, but 73% more than in 1984, and 120% more than in 1980. In 1990, drug arrests in Chicago accounted for more than 2 out of every 3 drug arrests in the state. After fluctuating in the early 1980s, drug arrests in the remainder of the state rose 45% between 1986 and 1989, from 11,827 to 17,116, but then declined 18% to 14,008 in 1990.

Figure 19 displays 1988, 1989, and 1990 drug arrest totals and drug arrest rates per 100,000 population for each of Illinois' 102 counties. The average annual percent change in the number of drug arrests and the drug arrest rates for the 3-year period are also included in the table. Data for Illinois municipalities with a population in excess of 50,000 (excluding Chicago), or which have had significant drug problems in the past, are displayed in Figure 20.

Figure 19
Drug Arrests and Drug Arrest Rates
By County - 1988, 1989 and 1990

County	Total Drug Arrests				Drug Arrest Rate per 100,000			
	1988	1989	1990	Average Annual Percent Change	1988	1989	1990	Average Annual Percent Change
Adams	151	101	122	-6.16	221	150	185	-4.58
Alexander	2	8	2	112.50	17	73	19	120.29
Bond	1	3	6	150.00	6	19	40	156.54
Boone	17	41	41	70.59	58	136	133	66.66
Brown	5	7	2	-15.71	95	126	34	-20.10
Bureau	16	28	30	41.07	43	77	84	43.93
Calhoun	3	8	2	45.83	53	146	38	50.33
Carroll	8	18	15	54.17	45	104	89	58.29
Cass	11	35	17	83.38	79	256	127	86.85
Champaign	213	246	255	9.58	126	144	147	8.30
Christian	15	10	8	-26.67	42	29	23	-25.52
Clark	22	23	9	-28.16	133	142	57	-26.90
Clay	10	16	10	11.25	66	108	69	13.92
Clinton	11	15	25	51.52	32	44	74	52.35
Coles	21	26	48	54.21	40	50	93	54.96
Cook	37,445	40,737	37,604	0.55	701	780	737	2.84
Crawford	17	23	17	4.60	83	115	87	7.47
Cumberland	3	0	2	0.00	28	0	19	0.00
DeKalb	92	61	34	-38.98	125	81	44	-40.71
Dewitt	40	8	13	-8.75	228	47	79	-5.92
Douglas	37	8	4	-64.19	193	41	21	-64.45

Figure 19 (continued)
Drug Arrests and Drug Arrest Rates
By County - 1988, 1989 and 1990

DuPage	938	1158	776	-4.77	124	151	99	-6.32
Edgar	23	41	23	17.18	110	203	117	20.96
Edwards	3	2	1	-41.67	36	25	13	-38.08
Effingham	16	10	4	-48.75	51	32	13	-48.92
Fayette	8	17	11	38.60	36	79	53	42.08
Ford	4	11	5	60.23	27	76	35	62.34
Franklin	45	38	23	-27.51	106	92	57	-25.73
Fulton	22	51	30	45.32	58	135	79	44.58
Gallatin	5	9	8	34.44	65	124	116	41.46
Greene	49	5	10	5.10	317	32	65	5.59
Grundy	32	58	50	33.73	101	181	155	32.28
Hamilton	3	2	4	33.33	33	23	47	38.02
Hancock	13	8	48	230.77	56	36	225	244.70
Hardin	2	2	1	-25.00	38	38	19	-24.55
Henderson	11	0	8	0.00	120	0	99	0.00
Henry	40	87	84	57.03	76	168	164	58.89
Iroquois	17	23	7	-17.14	53	73	23	-15.51
Jackson	52	51	46	-5.86	87	84	75	-6.76
Jasper	4	8	4	25.00	36	74	38	27.29
Jefferson	33	36	33	0.38	85	95	89	2.56
Jersey	35	29	43	15.57	173	142	209	14.81
Jo Daviess	19	24	48	63.16	81	106	220	68.99
Johnson	16	30	10	10.42	152	274	88	6.25
Kane	512	675	602	10.51	163	214	190	9.84
Kankakee	292	269	263	-5.05	299	277	273	-4.29

Figure 19 (continued)
Drug Arrests and Drug Arrest Rates
By County - 1988, 1989 and 1990

Kendall	39	22	18	-30.89	105	57	46	-32.78
Knox	43	38	70	36.29	77	67	124	36.06
Lake	1003	920	841	-8.43	209	185	163	-11.80
La Salle	58	45	27	-31.21	54	42	25	-31.08
Lawrence	2	19	5	388.16	11	111	31	419.40
Lee	107	79	57	-27.01	323	234	166	-28.37
Livingston	28	36	19	-9.33	69	90	48	-7.94
Logan	15	29	7	8.74	49	94	23	8.83
Macon	273	334	346	12.97	214	273	295	17.81
Macoupin	6	30	30	200.00	12	62	63	203.34
Madison	305	326	348	6.82	122	131	140	6.83
Marion	29	67	81	75.97	66	156	195	81.31
Marshall	7	15	8	33.81	52	114	62	36.49
Mason	4	5	16	122.50	23	30	98	129.72
Massac	25	31	43	31.35	167	208	291	32.47
McDonough	14	18	22	25.40	40	51	62	25.55
McHenry	208	224	311	23.27	125	128	170	17.44
McLean	213	177	172	-9.86	167	138	133	-10.54
Menard	2	7	7	125.00	17	62	63	127.79
Mercer	3	11	2	92.42	16	61	12	100.74
Monroe	4	20	33	232.50	19	91	147	224.93
Montgomery	11	13	18	28.32	35	42	59	30.38
Morgan	22	36	49	49.87	60	99	135	49.94
Moultrie	27	22	23	-6.99	188	155	165	-5.48
Ogle	38	43	30	-8.54	83	94	65	-8.62

Figure 19 (continued)
Drug Arrests and Drug Arrest Rates
By County - 1988, 1989 and 1990

Peoria	365	570	391	12.38	199	311	214	12.63
Perry	35	29	30	-6.85	158	133	140	-5.14
Piatt	4	3	7	54.17	25	19	45	56.63
Pike	12	8	9	-10.42	67	45	51	-9.66
Pope	7	7	1	-42.86	158	159	23	-42.56
Pulaski	11	18	5	-4.29	130	225	66	1.50
Putnam	1	1	4	150.00	17	17	70	155.16
Randolph	24	25	11	-25.92	68	72	32	-25.11
Richland	27	8	4	-60.19	148	46	24	-58.11
Rock Island	391	342	385	0.02	239	219	259	4.98
Saline	10	9	26	89.44	35	33	98	96.41
Sangamon	128	352	345	86.51	71	197	193	87.00
Schuyler	6	2	3	-8.33	78	26	40	-7.25
Scott	0	0	0	0.00	0	0	0	0.00
Shelby	12	10	2	-48.33	52	44	9	-47.30
St. Clair	219	289	278	14.08	82	109	106	15.06
Stark	4	4	11	87.50	60	61	168	89.07
Stephenson	79	68	60	-12.84	159	139	125	-11.47
Tazewell	151	213	94	-7.40	121	171	76	-6.93
Union	15	19	14	0.18	83	106	79	1.61
Vermilion	130	178	110	-0.64	143	199	125	0.91
Wabash	13	14	11	-6.87	92	103	84	-3.35
Warren	30	17	20	-12.84	146	86	104	-9.90
Washington	11	4	8	18.18	73	27	53	18.79
Wayne	6	5	3	-28.33	32	28	17	-25.68

Figure 19 (continued)
Drug Arrests and Drug Arrest Rates
By County - 1988, 1989 and 1990

White	18	13	13	-13.89	99	75	79	-9.79
Whiteside	105	101	123	8.99	167	164	204	11.27
Will	310	834	568	68.57	90	237	159	65.67
Williamson	98	84	74	-13.10	168	145	128	-12.54
Winnebago	260	384	330	16.81	103	152	130	16.44
Woodford	25	18	10	-36.22	77	55	31	-36.36

Figure 20
Drug Arrests and Drug Arrest Rates
Selected Municipalities - 1988, 1989 and 1990

Municipality	Total Drug Arrests				Drug Arrest Rate per 100,000			
	1988	1989	1990	Average Annual Percent Change	1988	1989	1990	Average Annual Percent Change
Aurora	159	279	214	26.09	186	306	215	17.26
Belleville	53	66	32	-13.49	124	150	75	-14.52
Bloomington	46	29	44	7.38	99	59	85	1.16
Blue Island	24	41	26	17.12	106	180	123	19.45
Calumet City	220	191	132	-22.04	552	489	349	-20.08
Carbondale	21	16	27	22.47	87	68	100	12.33
Champaign	85	115	98	10.26	144	194	154	7.37
Charleston	4	4	7	37.50	21	21	34	30.80
Chicago Hgts	235	332	356	24.25	661	934	1076	28.25
Collinsville	52	48	59	7.61	252	227	263	2.97

Figure 20 (continued)
Drug Arrest and Drug Arrest Rates
Selected Municipalities - 1988, 1989 and 1990

Danville	90	115	52	-13.50	245	323	154	-10.39
DeKalb	36	22	10	-46.72	114	69	29	-48.98
Decatur	246	320	321	15.20	272	363	383	19.37
Dolton	22	45	49	56.72	92	189	205	56.96
DuQuoin	2	5	9	115.00	30	78	134	114.53
East Moline	32	19	12	-38.73	154	92	60	-37.78
East Peoria	23	33	16	-4.02	108	156	76	-3.48
East St.Louis	15	26	52	86.67	30	55	127	106.15
Elgin	121	195	166	23.14	168	279	216	21.82
Evanston	119	173	154	17.20	166	247	210	16.90
Ford Hgts	4	8	13	81.25	76	180	305	102.95
Galesburg	31	28	59	50.52	97	88	176	45.14
Granite City	67	79	28	-23.32	191	230	85	-21.21
Harvey	365	551	596	29.56	1032	1603	2002	40.11
Joliet	315	477	237	0.56	414	640	308	1.31
Kankakee	237	201	169	-15.56	871	749	613	-16.08
Lansing	14	26	5	2.47	48	89	18	1.49
Macomb	2	4	1	12.50	11	23	5	13.42
Marion	1	8	3	318.75	7	55	21	315.75
Matton	6	4	10	58.33	31	21	54	62.79
Maywood	103	302	280	92.96	378	1105	1032	92.93
Moline	197	91	69	-38.99	443	209	160	-38.19
Mt. Vernon	16	9	17	22.57	92	53	100	23.07
Normal	53	50	44	-8.83	144	126	110	-12.64
North Chicago	77	78	75	-1.27	178	190	214	9.71

Figure 20 (continued)
Drug Arrest and Drug Arrest Rates
Selected Municipalities - 1988, 1989 and 1990

Oak Lawn	50	128	48	46.75	86	223	85	48.88
Oak Park	56	57	38	-15.77	103	106	71	-15.14
Pekin	66	67	37	-21.63	211	214	115	-22.44
Peoria	295	484	275	10.44	267	442	242	10.00
Phoenix	4	12	7	79.17	145	441	316	87.99
Pickynerville	4	1	3	62.50	125	31	89	56.03
Quincy	141	81	83	-20.04	356	207	209	-20.44
Rantoul	26	22	21	-9.97	126	109	122	-0.68
Robbins	44	130	11	51.96	499	1522	147	57.22
Rockford	208	257	216	3.80	153	191	155	2.90
Springfield	58	290	287	199.48	58	290	273	198.04
Taylorville	6	7	8	15.48	53	61	72	16.29
Urbana	30	50	62	45.33	84	134	171	43.50
Washington Pk	6	17	11	74.02	61	194	148	96.95
Waukegan	290	258	230	-10.94	389	355	331	-7.73

Arrests made by Illinois' Metropolitan Enforcement Groups (MEGs) increased 13% between 1989 and 1990, from 1,400 to 1,576. In 1990, 83% of all MEG arrests involved drug delivery charges, mostly cocaine. This was the highest percentage that involved delivery since the units were created. The number of delivery arrests made by the MEG units jumped 50% between 1980 and 1990, and 20% over the past year alone.

Arrests by Illinois' drug enforcement task forces have also been increasing. During the first six months of 1991, 836 arrests were made by task forces across the state, with 559 (67%) involving drug delivery charges. More than 50% of all task force arrests during

the time period involved cocaine. During all of 1990, 1,087 arrests were made by Illinois' task forces, 678 (62%) of them involving delivery charges. About 45% of all 1990 task force arrests involved cocaine.

To allow for the implementation of innovative approaches to problems which are more common in some areas of the state, the Authority is currently using Anti-Drug Abuse Act funds to support *special emphasis* projects within existing MEG and task force units. A number of new approaches which can be roughly categorized as street enforcement, problem-oriented policing, tracing the proceeds of narcotics trafficking, and pharmaceutical diversion are being tried. The newer approaches are not necessarily discreet; some units combine several to mount a comprehensive attack on drug sales. Nor are all of the "new" techniques entirely new. Some, like crackdowns and civil abatement procedures, are refinements of techniques police have long been using. The innovation is in their application to combatting drug sales. The new approaches, like the old ones, are designed to disrupt drug distribution through incapacitation and deterrence, with the ultimate goal of reducing drug consumption, street and property crime, and violence.

The Chicago Police Department, in collaboration with Chicago Housing Authority (CHA) officials, continues to perform *sweeps* designed to secure public housing facilities, and to purge them of gangs, guns, and drugs. Following each *sweep*, the building is cleaned, painted, fenced in, and given guards and a security system. CHA officials have also implemented an internal police force to patrol public housing developments. In early 1990, 85 CHA police officers were deployed in the Robert Taylor Homes, the city's largest public housing development. By September 1991, 188 CHA police officers (including plainclothes tactical officers) were patrolling housing projects throughout the city. The CHA police force currently averages about 200 arrests and more than 15 weapons seizures per month. Approximately 100 more CHA officers are expected to be in place city-wide by the end of 1991. The CHA has also collaborated with law enforcement agencies to train and implement tenant patrols, expand witness assistance

programs for senior citizens, and improve CHA's eviction enforcement procedures so that swift action can be taken against residents involved in drug and other serious criminal activity.

In East St. Louis, special Illinois State Police units have been deployed in public housing developments under a cooperative enforcement program involving HUD, the East St. Louis Housing Authority, the East St. Louis Police Department, and the Illinois State Police. In addition, two special police teams within the East St. Louis Police Department and a special covert unit within the Metropolitan Enforcement Group operating in the area have been formed in the past year. The special police teams engage in aggressive traffic stop enforcement and target street-corner dealing, particularly in high crime areas of the city. The special covert unit targets drug distribution cases originating specifically in the East St. Louis area. A specialized drug prosecutor and special drug probation and community service programs have also been put in place as part of this Greater East St. Louis anti-drug initiative. The DEA is also in the process of establishing a special task force to combat drug trafficking in the East St. Louis area. The task force will consist of three DEA agents and nine state and local officers.

The U.S. DEA focuses its efforts on more serious drug crimes -- drug delivery (in most cases a more serious crime than drug possession), and crimes involving controlled substances (in most cases a more serious crime than those involving cannabis). In every year since 1980, the DEA has made far more arrests for controlled substance crimes than for cannabis crimes. Until last year, the number of DEA arrests for controlled substances had increased dramatically. In 1984, the DEA made 423 arrests in Illinois for crimes involving controlled substances. By 1989, DEA arrests for controlled substances had increased 84% to 678 arrests -- more than 6 times the number of DEA arrests for cannabis that year. However, during 1990 arrests for controlled substances dropped to 484, nearly 30% below the 1989 figure, but still more than 5 times the number of arrests involving cannabis.

Similarly, DEA arrests for distribution, manufacturing, and conspiracy (i.e., delivery) of drugs have been higher than arrests for possession in every year since 1980. In each year between 1984 and 1990, arrests for delivery approached or exceeded twice the number of arrests for possession. From 1984 to 1989, arrests for possession increased 81% from 151 to 273, and arrests for delivery increased 60% from 309 to 493. However, both figures fell dramatically in 1990. Arrests for possession fell to 152, a 44% decrease from 1989, while arrests for delivery fell to 406, a decline of almost 18%. The DEA was also involved in 142 cooperative arrests with state and local law enforcement agencies in 1990, down from 272 the previous year.

To stop the smuggling of drugs into Illinois by air, land, and water, the Illinois State Police, the Chicago Police Department, and the DEA started Operation Valkyrie in 1985. Law enforcement officers from the three agencies are trained to identify the characteristics of a typical drug trafficker when making routine traffic stops or conducting other business.

Between 1985 and October 31, 1991, officers participating in Operation Valkyrie arrested 3,682 suspected drug smugglers, and seized approximately 16,700 pounds of cannabis and 6,100 pounds of cocaine that was in the process of being smuggled into Illinois. The amount of cash seized through Operation Valkyrie increased from \$48,989 in the first year of the program to \$728,492 in 1990. Overall, \$6,249,677 in cash has been seized over the six-and-a-half-year-period Valkyrie has been in operation. And, between January 1, 1989 and October 31, 1991, more than 3,000 vehicles have been stopped, and 351 weapons have been confiscated.

Operation Cash Crop is a joint effort by ISP and the DEA to suppress traffic in locally cultivated marijuana by detecting and destroying domestically grown and wild marijuana plants in Illinois. Between 1983 and 1990, inclusive, the program led to 735 arrests and the destruction of more than 5.5 million marijuana plants.

In 1986 nearly 1.2 million marijuana plants were destroyed, including 1.15 million wild plants. The total number of plants destroyed fell sharply over the next two years to about 80,000 plants in 1987 and 90,000 plants in 1988. This decline was likely influenced by two factors: the success of the program in eradicating wild marijuana in previous years, as well as drought conditions that existed throughout the state. In 1989, however, a total of 471,081 plants were destroyed, including a then record high 68,223 cultivated plants. The 1989 arrest total of 104 was also a record high at the time. Finally, in 1990, more marijuana plants were eradicated in one year than in all previous years combined with 2.9 million wild plants and nearly 300,000 cultivated plants destroyed. With 285 separate raids resulting in a record 189 arrests, the 1990 program netted 3.2 million pounds of marijuana valued at \$1.2 billion.

ISP assigns about 50 officers to Operation Cash Crop, including its own force of 15 pilots and seven Cessna 182's for conducting aerial surveillance. Flyovers are also often provided by the Illinois Air National Guard. In 1990, the Guard spent 584 flight hours on Cash Crop compared to 580 in 1989 and only 18 in 1984, their first year of participation in the program. Cash Crop flight hours by the Guard are expected to approach 800 in 1991.

Overall, more than 1,560 kilos of illegal drugs (including more than 203 kilos of cocaine, more than 15.9 kilos of heroin, more than 1,319 kilos of cannabis, and more than 21.5 kilos of other illicit substances) were seized in Illinois and submitted to state and local crime labs in 1990.

In addition, DEA labs processed 7.2 kilos of heroin, 299.8 kilos of cocaine, and 920.1 kilos of cannabis that were seized in Illinois in 1990. The quantity of cocaine seized in Illinois and processed by DEA labs actually fell 180 percent between 1989 and 1990, the first decline in more than a decade. The 920.1 kilos of marijuana seized in Illinois and processed by DEA labs in 1990, however, was the second largest annual amount since 1980.

As drug enforcement efforts intensified in the 1980's, the demand for drug analysis services by state and local crime labs increased. From 1983 through 1990, the number of drug cases submitted to ISP labs jumped 68%, from 9,419 to 15,822. Drug cases submitted to the Chicago Police Department (CPD) crime lab increased 117% during the same period, from 17,639 to 38,363. At the Northern Illinois Police crime lab, drug cases increased from 1,285 in 1983 to 2,240 in 1990, a 74% increase. Drug cases submitted to the DuPage County Sheriff's Office lab increased as well, from 735 in 1986 to 1,234 in 1990, a 68% jump.

A growing number of the labs' drug cases now involve controlled substances, which take considerably longer to analyze than cannabis. In 1990, for example, 61% of the ISP labs' drug caseload involved controlled substances, compared to 52% in 1983. At the CPD lab, controlled substances accounted for 80% of the drug caseload in 1990, compared to 43% in 1983.

At many labs, drug analysis capabilities were unable to meet the increased demand for services. As a result, drug analysis backlogs rose and the ability of some labs to provide timely information to police and prosecutors eroded. At the ISP labs, the backlog of drug cases climbed from 37 at the end of 1983 to 1,916 cases at the end of 1988. The CPD crime lab experienced similar problems. In July 1986, for example, 88 drug cases were dismissed by the courts when analysis results were not available from the CPD lab on time. In December 1986, the number of dismissed cases reached 716.

Upgrading the drug analysis capabilities of Illinois' crime labs to reduce backlogs and ensure drug evidence is available in time for court proceedings has been recognized as a top priority in the state's fight against drugs. With the help of Anti-Drug Abuse Act (ADAA) funds administered by the Authority, new drug chemists were added to the staffs of the ISP crime labs and the CPD lab. In addition, state-of-the-art equipment was installed not only at the ISP and CPD labs, but also at the Northern Illinois and DuPage labs.

The impact of crime lab upgrades accomplished with ADAA assistance has been significant. The backlog of drug cases at ISP labs, for example, fell from a peak of 1,916 at year-end 1988 to 96 at year-end 1990 -- a decrease of 95% over the two-year period. As of September 1991, the backlog stood at 462 cases. ISP estimates that without ADAA assistance the backlog in drug cases could have risen to more than 11,000 cases by year-end 1990. The amount of time needed to process drug cases at ISP labs has also greatly improved. The percentage of cases processed in one to seven days increased from a low of 27% in 1987 to 49% in 1990 and 73% through the first nine months of 1991.

The CPD crime lab has benefitted from additional equipment and chemists as well, with far fewer drug cases being dismissed by the courts because of delayed analysis results from the lab. During the last six months of 1990, 266 drug cases were dismissed because of delayed lab results, compared to 2,128 cases during the last six months of 1986.

While Illinois' crime labs have made significant progress in reducing backlogs and case processing times with the help of federal assistance, the problems associated with increased demands for services have not been completely solved. With the help of the Authority, Illinois lawmakers recently enacted legislation designed to defray the costs of drug analysis services. Effective January 1991, the law enables Illinois courts to assess a crime laboratory analysis fee of \$50 per offense on convicted drug offenders.

Prosecution

Every felony case that enters the criminal justice system must be prosecuted, downgraded, diverted or dismissed. Regardless of the prosecutorial course of action, each defendant must be defended (with but few pro se exceptions) and finally, each disposition must be entered by the court. But while prosecution, defense, and the courts essentially work with the same set of cases, it is useful to examine some of the differences in their respective workloads other than the obvious ones involving their role in the adjudication process.

Because there is no statewide, central repository of information about case filings for specific offenses, data describing statewide trends in felony drug prosecutions, or even providing a *snapshot* of activity for a particular time period for the state as a whole, are not currently available. Data are available, however, for Cook County and selected other areas of the state.

In Cook County, felony drug prosecutions have increased dramatically in recent years. The number of drug defendants prosecuted in Cook County's felony trial courts jumped from 4,769 (20% of the felony caseload) in 1984 to 17,985 (46% of the felony caseload) in 1990.

In an effort to obtain data on drug prosecutions for other areas of the state, the Authority conducted a survey of county state's attorney's offices in October 1990. Thirty-five counties outside of Cook responded to the survey. Those counties account for more than 37% of Illinois' population outside Cook County. The survey revealed that 1,901 felony defendants, or nearly one out of every three defendants, were prosecuted for a felony drug offense in these counties in 1989. The five most populous counties accounted for more than 60% of these drug defendants.

To meet the increase in arrests of drug offenders in the "collar" counties, those 6 suburban counties that surround Chicago, the Authority has funded specialized multi-jurisdictional drug prosecution programs ("MJ" units). These units continue to prosecute a great number of drug offenders, particularly drug dealers, and they have maintained conviction rates of nearly 90%.

In 1990, the MJ units investigated 552 drug cases or an average of 46 cases per month. From January to August 1991, MJ units investigated 323 cases or more than 40 per month. In 1990, the units prosecuted 1,686 drug defendants (almost 141/month). Thus far in 1991, the units have prosecuted 1,263 defendants (almost 158/month). In both time periods, about 85% of all defendants were prosecuted for controlled substance

violations, and about 90% of those involved cocaine. In 1990, 61% of all MJ unit prosecutions were for delivery-type charges (i.e., production, distribution, and possession with intent to deliver). Thus far in 1991, delivery charges have accounted for more than 66% of all MJ unit prosecutions.

In 1990, MJ unit prosecutions resulted in the conviction of 1,422 drug offenders or nearly 119 per month. From January to August 1991, MJ unit prosecutions resulted in 945 convictions (118/month). In both periods, conviction rates were just under 90%. In 1990, about 87% of the convictions were for controlled substances violations. In 1991, controlled substances violations accounted for more than 81% of all convictions. In both time periods, just over half of those convicted received some type of incarceration sentence (i.e., prison, local jail, or jail and probation). In addition, in 1990, Illinois courts imposed 930 fines totalling more than \$1.8 million as a result of MJ unit prosecutions. From January through August 1991, 693 fines totaling over \$1.1 million were imposed. There were also 326 forfeiture judgments issued in 1990 as a result of MJ unit activity, with over \$1.4 million in cash forfeited as well as another \$1.2 million in other assets. From January through August 1991, 357 forfeiture judgments were handed down as a result of MJ unit activity, with \$550,000 in cash and \$630,000 in other assets being forfeited.

Outside Chicago and the collar counties, where caseloads are too small to enable specialized prosecution, the Authority has worked with the Illinois Office of the State's Attorneys Appellate Prosecutor to provide assistance in criminal prosecutions and asset forfeiture. This support has been both in-person and via the telephone.

New legislation, and new uses of existing laws, are making even more drug prosecutions possible in Illinois. Part of a trend to broaden as well as toughen the scope of existing legislation, these new laws touch on areas as diverse as the use of cellular phones in schools and money laundering.

Selling or delivering an item of drug paraphernalia used to be a business offense with a fine of \$1,000. Such a crime is now a Class 4 felony with a minimum fine of \$1,000 for each such item. Any adult who sells an item of drug paraphernalia to someone under the age of 18 is guilty of a Class 3 felony and faces a possible prison term of 2 to 5 years and a \$10,000 fine.

Money laundering is no longer an across-the-board Class 3 felony. If the value of the criminally derived property exceeds \$10,000 but is less than \$100,000, it becomes a Class 2 felony. It is a Class 1 felony if the property value exceeds \$100,000.

If a person delivers a controlled substance to another, and the recipient or any person experiences great bodily harm or permanent disability from the use of any amount of that controlled substance, the deliverer commits the offense of drug-induced infliction of great bodily harm -- a Class 1 felony with possible imprisonment from 4-15 years and fines up to \$10,000.

Use of a cellular phone in the furtherance of drug trafficking is now a Class 2 felony with a possible \$100,000 fine. This penalty is in addition to other penalties which may relate to the specific offense. No student may have or use a cellular telephone in a school building or on school property unless an exception is granted by the school board and approved by the principal.

The secretary of state is authorized to cancel the license or permit of any person convicted of a violation of the Cannabis Control Act or the Illinois Controlled Substances Act that occurred while that person was in control of a motor vehicle. In addition, the secretary of state *must* cancel the license or permit of any person under the age of 18 convicted under these circumstances.

It is now a specific criminal offense for a person to deliver a controlled substance to a woman he or she knows to be pregnant. An offender may be sentenced to twice the

maximum prison term otherwise indicated. The maximum fine that can be imposed is \$250,000.

Laws against illegal drug trafficking and abuse are tougher than ever before in Illinois. And the penalties involve more than just longer prison and probation sentences. In August 1991, the Authority launched a new public information campaign to tell the public just how severe the legal consequences can be for getting caught with illegal drugs. The result is a new twist on the education and prevention message, which up to now has focused largely on health problems.

The Authority's Legal Consequences campaign provides no-nonsense information about current drug laws and penalties through a statewide print and electronic media campaign highlighting the legal consequences of drug abuse in English and other languages. Television, radio, and print advertising, public service announcements, posters, and feature articles are all being used. Legal consequences information is tailored to reach both "casual" and "hard-core" abusers and dealers. In addition, the program distributes concise summaries of current drug prevention and user accountability legislation to teens and adults through educators, law enforcement officials, criminal justice personnel, and the business community, and provides news alerts updating legislative changes in the legal consequences arena to law enforcement and other officials.

One of the newest and potentially potent tools now available to law enforcement and prosecution is the ability to seize real property of offenders using Illinois law. That law, which was drafted by a committee of drug enforcement experts with support and assistance of the Authority, also includes administrative forfeiture provisions modeled on the federal law. Immediately following passage of the state's Narcotics Profit Forfeiture Act, which took effect in September 1990, the Authority co-sponsored and funded three day-long training sessions on its content for drug agents and prosecutors. Early indications are this new seizure law is being used throughout the state.

An indication of the expanded use of asset forfeiture in Illinois is the increase in dollar amounts deposited into the Illinois State Police Forfeiture Fund, where all receipts resulting from assets forfeited by state courts are initially deposited. In FY91, more than \$9.1 million were deposited into this fund, 32% more than the \$6.9 million deposited in FY90, and 143% more than the \$3.7 million deposited in FY86.

Prosecutors in Cook County, with the help of Anti-Drug Abuse Act funds, also began operating a county-wide narcotics nuisance abatement program in mid-1990. Under the program, building owners and landlords are held accountable for the activities in their buildings through the strict enforcement of public nuisance laws. After a building or residence has been identified as a "drug house," prosecutors send a letter of abatement in an attempt to persuade the owner to voluntarily rid the building of drug dealers. If the owner does not comply, public nuisance charges can be initiated and the building may be seized and forfeited.

More than 2,000 nuisance complaints were handled by the program during its first year of operation, with 649 or more than 30% resulting directly from collaboration with community residents. As of August 1991, 904 cases had been disposed, with 519 abatements occurring as a result of voluntary landlord compliance and 7 abatements occurring as a result of court proceedings. An additional 378 cases were disposed as a result of follow-up investigations showing no additional complaints or law enforcement activity.

Defense

This section examines the impact drug cases have had on the office of the public defender. Prior to FFY91, the office of the public defender could not be funded with federal block grant money, in spite of the key role the office plays in effective caseload management.

Although statewide data are not currently available, Figure 21 summarizes the number of cases handled by the public defender in eight Illinois counties in 1990. Those counties handled 75.7% of all felony volume in Illinois in 1989. With caseloads ranging from 113

Figure 21
Public Defender Caseloads
Overall Caseload Volume in Ascending Order
Selected Counties, 1990

	Drug Cases	Non-Drug Cases	Total
St. Clair	270	631	901
Champaign	59	908	967
Will	376	1,082	1,473
Kane	605	1,229	1,834
DuPage	669	1,243	1,912
Lake	314	1,758	2,072
Winnebago	421	1,682	2,103
Cook	23,782	7,837	31,619
Totals	26,496	16,385	42,881

cases per attorney in St. Clair County to 242 cases in Champaign County, the average of 206 is *well above* the desired caseload of 150 cases per attorney (see Figure 22). It should be noted that even though there is considerable variation in caseload size, the case complexity mix is the most important workload indicator. One hundred complex cases per attorney could easily be more burdensome than a caseload twice that size if the latter are predominantly simple possession cases.

Figure 22
Public Defender Caseloads
Cases Per Attorney in Ascending Order
Selected Counties, 1990

	Attorneys	Drug Cases	Non-Drug Cases	Total
St. Clair	9	34	79	113
Cook	209	114	37	151
Will	7	54	157	210
Kane	8	76	154	229
Lake	9	35	195	230
Winnebago	9	47	187	234
DuPage	7	54	155	239
Champaign	9	15	227	242
Totals	262	57	149	206

Courts

It should be noted at the outset of this section that drug-specific caseload data are limited in Illinois. Recognizing 18 distinct case types, Illinois has one of the best caseload reporting systems in the country, one that exceeds the Conference of State Court Administrators (COSCA) guidelines for case typologies. Nevertheless, statewide reporting focuses on felony cases as a group, and does not distinguish between the various types of cases (such as drug cases) within the felony grouping. As a result, there is no statewide repository of information about the filing or disposition of drug-related cases.

Information about sentences imposed on drug offenders in Illinois is also limited. The

information that does exist comes from Cook County, which handled 57% of Illinois' felony filings in 1989, and from Authority funded multi-jurisdictional prosecution units (see the prosecution section for conviction data from the multi-jurisdictional units).

Available data from Cook County indicate that a substantial number of defendants charged with drug offenses at preliminary hearings do not proceed to the felony trial courts. Of the 24,970 defendants charged with drug offenses at preliminary hearings in Cook County in 1988, 25% (6,189) reached the felony trial courts through findings of probable cause, 25% (6,364) received findings of no probable cause, 16% percent failed to appear (3,957), and 33% (8,322) were dismissed. Fewer than 1% (138) of the defendants pleaded guilty.

The 25% rate of no-probable-cause findings in drug cases in 1988 was five times that of non-drug cases, and the 16% failure-to-appear rate was almost four times that of non-drug cases. The result was that of all drug cases at the preliminary hearing stage in Cook County in 1988, only 25% proceeded to the felony trial courts, while 60% of the non-drug cases did.

Without question, some drug cases which are terminated at the preliminary hearing stage do subsequently enter the felony trial courts through various procedures, such as subsequent grand jury indictments. Unfortunately, the number of cases in which this occurs cannot presently be determined.

In the felony trial courts of Cook County, the number of drug-related filings nearly quadrupled between 1984 and 1990, rising from 4,769 to 17,985 during the seven-year period. Drug filings doubled between 1984 and 1988, and then rose an additional 87% between 1988 and 1990. Nearly half (46%) of all defendants entering the felony trial courts in Cook County were charged with drug offenses in 1990, compared to about 20% of all defendants entering the felony trial courts in 1984.

There is preliminary evidence that the surge in filing growth may be slowing. Between January 1, 1990 and August 31, 1990, 11,196 drug-related felony cases were filed in the Circuit Court of Cook County (including the district courts). For the same eight-month period in 1991, there were 10,769 drug-related felony filings, a decline of 3.8%. A similar trend is occurring among drug-related preliminary hearings and misdemeanor cases (the non-felony equivalent) in Cook County. There were 1.4% fewer drug-related preliminary hearings and misdemeanor filings during the first eight months of 1991 than there were during the same time period in 1990.

While the proportion of the felony caseload that is drug-related continues to increase in Cook County, the number of offenses per defendant has declined. Defendants charged with drug offenses were charged with an average of 1.5 offenses in 1984, but by 1990 the average declined to 1.3 offenses per defendant.

Data that are available from Cook County's felony trial courts indicate that a majority of the defendants charged with drug offenses who enter the trial courts are convicted, and the pattern of dispositions for felony drug charges is similar to the pattern for other felony charges. From 1984 through 1987, between 66% and 71% of the defendants charged with drug offenses each year were convicted, most through guilty pleas. Between 4% and 7% were acquitted, and between 16% and 20% were dismissed. Among *all* defendants entering the felony trial courts from 1984 through 1987, between 68% and 71% each year were convicted, between 3% and 5% were acquitted, and between 17% and 20% were dismissed.

More recent drug-related felony disposition data are shown in Figure 23. It should be remembered that a few cases from 1989, and a substantial number from 1990, continue to work their way toward adjudication. These slower moving cases tend to be the most difficult, and often go to trial rather than end in a guilty plea. In general, a smaller proportion of the more difficult cases end in acquittal and dismissal. Therefore, as the total number of dispositions increases, percentage distributions will change.

Figure 23
Drug-Related Felony Acquittals, Dismissals
and Convictions/Sentences Imposed *

	1988 number	1989 number	1990 number	1988 percent	1989 percent	1990 percent
Acquitted	853	1,249	970	7	7.1	6.1
Dismissed	2,546	3,050	2,074	20.8	17.4	13.1
Illinois Department of Corrections	3,177	4,517	3,847	26	25.8	24.2
Cook County Department of Corrections	122	141	97	1	0.8	0.6
Probation	4,846	7,799	8,323	39.6	44.6	52.4
All Other	697	744	585	5.7	4.3	3.7
Total	12,241	17,500	15,896	100	100	100

* The number of convictions each year is calculated by subtracting acquittals and dismissals from the total.

Attrition profiles show that the vast majority of drug-related felony cases are terminated within 24 months. Statutory speedy trial provisions generally call for even faster processing unless the defendant requests additional time, which is generally what happens. As of May 1991, about 30% of all 1990 drug-related cases had not been adjudicated.

To relieve some of the burden caused by the influx of drug cases, Cook County opened five evening courtrooms in October 1989 to handle nothing but felony drug cases. In the six weeks they operated during 1989, these courtrooms disposed of roughly 1,500 felony drug cases. In 1990, they disposed of just under 10,000 cases. In March 1991, three more

courtrooms were added to the Evening Narcotics Court program, known simply as "night drug court." During the first six months of 1991, the eight night drug courts had disposed of more than one-fourth of the total number of felony cases heard in Cook County, 5,780 out of 20,185.

Although disposition data for the state as a whole are not available, statistics from various agencies which specialize in drug law enforcement do show two important trends: the number of drug convictions has generally increased in recent years, and convictions continue to outnumber acquittals by a large margin. Conviction rates are extremely high -- over 96% -- for defendants prosecuted following arrest by the state's MEG units. Between 1989 and 1990, MEG-initiated convictions increased over 46%, from 808 to 1,183.

In Illinois, probation (as well as pretrial release) falls under the jurisdiction of the courts. In 1990, a comprehensive study was undertaken by the Administrative Office of the Illinois Courts (AOIC) to identify and quantify more accurately the characteristics of offenders being placed under the supervision of the probation system. Data were collected from 100% of the offenders entering the adult probation system during January and September. Of the 8,091 adult offenders placed on probation during the study period, 23% or 1,861 offenders were convicted of drug offenses, including 548 (29%) who were convicted of a drug delivery offense. This number, of course, does not include those individuals convicted of other offenses who may also be substance abusers.

Further analysis of those placed on probation for drug convictions revealed that distinct differences exist across Illinois. In Cook County, drug offenders account for 50% of the incoming probation caseload; in the suburban counties (DuPage, Lake, Kane, McHenry and Will) this drops to 17%; in all other counties with a population in excess of 100,000, drug convictions account for 14% of the intake population; and in rural counties they make up 14%.

More specific probation data come from the Cook County PROMIS computer system. Figure 24 summarizes the types and number of drug-related offenses for which probationers under supervision in April 1991 had been sentenced. Whereas 46% of all felony court cases were for drug-related offenses in 1990, just 44% of the offenses for which individuals were sentenced to probation were drug-related. The difference may reflect an increased likelihood of prison sentences for serious drug-related offenses, but

Figure 24
Drug-Related Offenses As Percentage of Total
Cook County Adult Probation Caseload
As Of April, 1991

	Number	Percent
Delivery, look-alike substance	9	0.0
Delivery, cannabis	58	0.2
Delivery, controlled substance	2,430	8.2
Hypodermic syringes and needles	3	0.0
Look-alike substance, felony	62	0.2
Manufacture/delivery, cannabis	38	0.1
Manufacture/delivery, controlled substance	506	1.7
Possession, cannabis	539	1.8
Possession, controlled substance	9,505	32.0
Production, cannabis sativa	2	0.0
Sales, controlled substance	8	0.0
Trafficking, controlled substance	5	0.0
Sub-Total, Drug Offenses	13,165	44.3
All non-drug offenses	16,536	55.7
Total for Cook County Probationers	29,701	100.0

it may also be due to the explosion in drug-related offenses that have not yet had a full impact on either probation or prison populations.

Another significant measure of the impact of drug cases upon the probation system is the length of time for which drug offenders are sentenced to probation. The 1990 AOIC study found that almost 71% of the individuals sentenced to probation for drug delivery offenses, and 47% of those sentenced for drug possession offenses, received probation sentences of 24 months or longer. The average probation sentence was 26.9 months for drug delivery, 21.6 months for drug possession, and 18.8 for all non-drug offenses. This suggests that over time, the proportion of individuals on probation for drug offenses will significantly increase. This is the same phenomenon that the state prison system is experiencing with drug offenders (see corrections section).

Projected over the course of an entire year, between 11,000 and 12,000 offenders convicted of drug offenses and up to 18,000 offenders with serious drug problems are now being placed on probation in Illinois per year. Thus, continued attention needs to be focused upon this segment of the probation population. Specialized training in supervising the drug abusing offender, specialized case management services and earlier identification of the need for treatment are all strategies currently being implemented.

To provide some relief for growing probation caseloads -- and to ensure drug offenders are properly supervised and receive referrals -- the Authority is funding specialized probation services in nine metropolitan counties. Full-scale implementation in several of these jurisdictions, however, has been hampered by state budget cuts that have reduced probation staff sizes or restricted capabilities to provide match dollars. The impact of the budget cuts has been so severe that probation programs planned for three additional counties could not be implemented.

Still, a few specialized probation programs, such as those in Cook County and St. Clair County, are operating according to their original design. Cook County's Home

Confinement/Drug Surveillance Program saved almost 650 beds at the overcrowded Cook County Jail between December 1990 and March 1991, the program's first four months of operation. Probationers sentenced to the program are required to submit to drug testing. Positive tests result in a formal substance abuse assessment and, if needed, mandatory preparation for or participation in treatment.

Between December 1990 and September 1991, more than 1,100 drug tests were performed on program participants. Of the 912 initial tests, 28.6% were positive for either cocaine, opiates, or PCP. Cocaine was by far the most prevalent substance identified in initial tests, being found in more than 21% of the samples. Of the 262 follow-up tests, 53.4% were positive for either cocaine, opiates, or PCP. About 40% of all follow-up tests were positive for cocaine, and 17% were positive for PCP. Overall, 33% of all initial and follow-up drug tests performed on program participants were found to be positive for multiple drugs.

St. Clair County's Intensive Drug Abuser Program (IDAP) helps illustrate the growing importance of urinalysis testing as a condition of probation. The probation department has assigned three probation officers and a team leader to supervise and monitor probationers classified as high risk substance abusers. Probationer eligibility is carefully determined before adjudication and the court is advised as to the admissibility of the individual to the program. If the court sentences an individual to IDAP, it is often in lieu of incarceration, and failure to comply with program requirements carries stiff penalties.

A key feature of IDAP is frequent mandatory urine testing. During the nine-month program, each IDAP probationer is tested for drug use approximately 21 times. Figure 25 summarizes urinalysis test results for the period May through October 1991, for the IDAP caseload and an Intensive Probation Supervision (IPS) comparison group. Although monthly test results vary somewhat, the overall positive (28%) and negative (72%) rate for the two groups is identical.

Figure 25
Urinalysis Test Outcomes
St. Clair Co. IDAP and IPS Caseloads

	IDAP Negative	IDAP Positive	IDAP Total	IPS Negative	IPS Positive	IPS Total
May	63 (66%)	33 (34%)	96	14 (58%)	10 (42%)	24
June	90 (71%)	37 (29%)	127	28 (76%)	9 (24%)	37
July	112 (73%)	42 (27%)	154	17 (77%)	5 (23%)	22
August	122 (71%)	51 (29%)	173	23 (85%)	4 (15%)	27
Sept.	153 (75%)	51 (25%)	204	12 (80%)	3 (20%)	15
October	201 (72%)	78 (28%)	279	14 (54%)	12 (46%)	26
Total	741 (72%)	292 (28%)	1,033	108 (72%)	43 (28%)	151

As with other types of intensive supervision programs, the IDAP violation rate tends to be high because visibility is high. Nevertheless, the program has shown itself to be a cost-effective alternative to incarceration. For evaluation purposes, the discretionary costs of regular probation, IPS, and IDAP in St. Clair County were compared. The per-capita costs for regular probation were, as expected, substantially lower than those for either of the other two programs. Discretionary costs for IDAP (\$1,718 per probationer per year), however, were only 40% of those for IPS (\$4,342 per probationer per year). In contrast, it costs approximately \$16,000 to incarcerate an offender in an Illinois state prison for one year.

Drug testing is increasingly being added to the array of strategies already in use by the courts in the supervision of drug offenders in other areas of the state as well. Within the

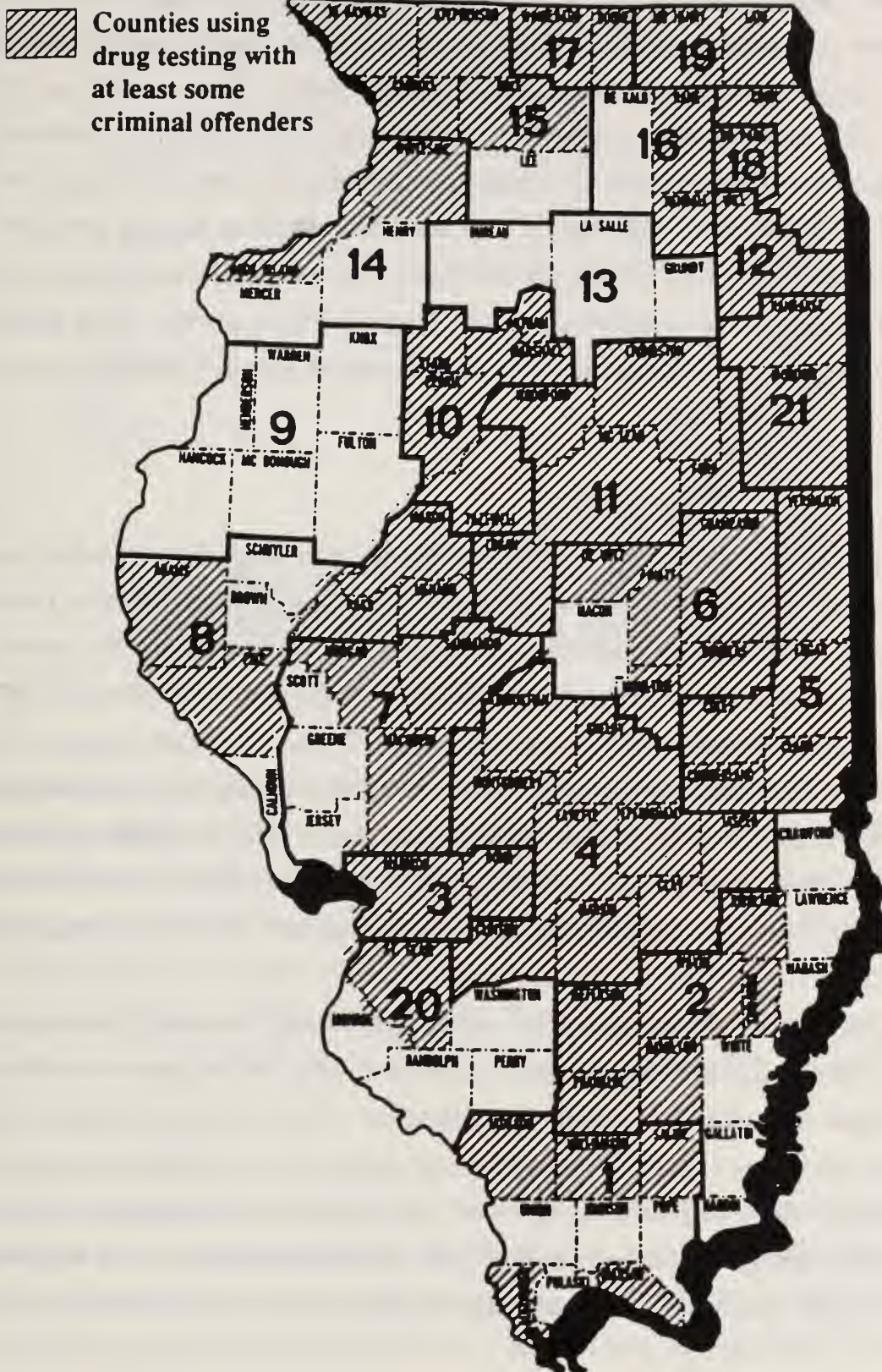
probation context, drug testing plays an important role in strengthening the probation sentence, monitoring the behavior of the offender under supervision, and identifying offenders in need of drug treatment. Urinalysis is currently being used in some or all of 20 of the 22 judicial circuits in Illinois. Within these 20 circuits, 68 counties are served by probation departments using urinalysis (see Figure 26).

Urinalysis is being used by the courts in the supervision of pretrial releasees as well. Pretrial services programs currently exist or are being implemented in Cook County and in 12 other counties in Illinois. AOIC has also targeted other counties as potential program sites. In Cook County, for example, all arrestees who appear in night bond court and are charged with a drug offense, probationable burglary, theft, robbery or stolen property crimes are initially tested for drugs and subject to a urine monitoring pretrial release program. In St. Clair County, all arrestees are initially tested and subject to a pretrial drug surveillance program.

The AOIC estimates that urinalysis is now being used to augment caseload supervision for 20% of the probation caseload outside Cook County. AOIC also reports that where probation caseloads are concerned, the most common drug testing methodology in Illinois is enzyme immunoassay; the most commonly used on-site non-instrument field test is ONTRACK by Roche; and, the most common on-site instrument field test is the ADX by Abbott. About 65% of the departments do their own urinalysis testing, while the remainder contract out. More than 22,000 tests are run annually on probation-related offenders (including pretrial).

In addition to the large number of drug-related convictions and sentences handed down by the courts, a significant number of fines are being imposed on drug offenders. In Illinois, a fine equal to the street value of seized illegal drugs may be imposed upon any drug conviction. Of all fines imposed on drug offenders in Illinois, 12.5% are deposited in the state's Juvenile Drug Abuse Fund, which supports juvenile drug treatment programs. Between 1984 and 1991, almost \$1.2 million was deposited into this fund as

Figure 26



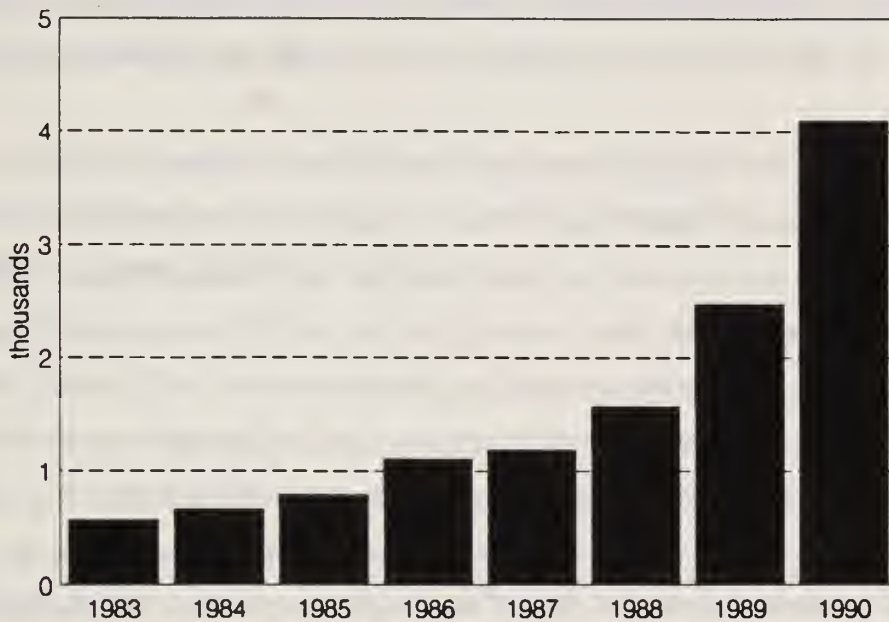
a result of drug fines. Another state fund supported through street value fines (as well as forfeited assets) is the Drug Traffic Prevention Fund, which is used by the Illinois State Police to support the operations of the MEG units. Between 1982 and 1991 more than \$1.2 million had been deposited into this fund. FY91 receipts for both of these funds were the largest since their inception. Under a new law which takes effect January 1, 1992, Illinois courts will begin to impose an additional fine ranging from \$200 - \$3,000 on offenders convicted of drug law violations. This new penalty will be levied on top of fines and other costs now being imposed. Receipts will be channeled into local treatment programs aimed at helping substance affected infants and their addicted mothers.

Corrections

Available data also indicate that the number of felony drug offenders being sentenced to prison has been significantly increasing. In 1990, admissions to the Illinois Department of Corrections (IDOC) for drug offenses totaled 4,094, 65% more than the number of drug offenders admitted in 1989 and more than 6 times the number admitted in 1983 (see Figure 27). Admissions from Cook County have driven most of this increase. Between 1983 and 1990, drug admissions to IDOC from Cook County increased from 296 to 2,963, an increase of more than 900%, compared to a 322% increase, from 268 to 1,131, for the rest of the state. In 1983, drug offenders made up fewer than 6% of all prison admissions by the courts in Illinois, but in 1990 they accounted for more than 27%.

Not only has the number of admissions for drug offenses increased, the proportion of these admissions involving the more serious drug offenders has grown as well. Between 1983 and 1990, the more serious drug offenders -- those convicted of Class X, Class 1 and Class 2 drug crimes -- accounted for the largest rise in admissions among drug offenders. Sentences for Class X delivery of controlled substances, for example, increased nearly 11-fold over the eight-year period. Sentences for Class 4 possession of controlled substances on the other hand increased 6-fold over the same time period.

Figure 27
Drug Offense Admissions - Statewide
1983 - 1990



Although Class 4 drug offenders have consistently accounted for the largest proportion of admissions to IDOC for drug crimes, the proportion of drug admissions that more serious offenders account for is increasing. Class X delivery of controlled substances, for example, accounted for 6% of all prison sentences for drugs in 1983, but 9% in 1990, while Class 2 delivery of controlled substances accounted for 16% of the 1983 total, compared to 24% of the 1990 total. Conversely, Class 4 possession of controlled substances accounted for 24% of all prison sentences for drugs in 1983, but only 22% in 1990.

Increasing drug admissions are one of the major reasons why Illinois' prison population is growing in an unprecedented fashion. Overall, Illinois' prison population grew by 21% in FY90 -- the fastest growth rate in the country that year -- and 6% in FY91, with drug offenders making up over one-third of the total increase over the last three years. Drug

offenders accounted for less than 3% of the total prison population at year-end 1983, but 13% at year-end 1989, and 17% at year-end 1990.

While prison population growth in Illinois has clearly been influenced by drugs, determinate sentencing and sentencing enhancements have also had a major impact.

In 1978, Public Act 80-1099 converted Illinois from an indeterminate to a determinate approach to criminal sentencing. Formerly, under indeterminate sentencing, there was wide discretion in the amount of time served by convicted offenders, and no matter what the sentence imposed, a person was eligible for parole in eleven years and three months. Under determinate sentencing, much of this discretion was eliminated. What's more, a person convicted of a serious violent crime with a long sentence must now serve 50% of the sentence prior to being eligible for release. The 1978 law also created the Class X felony category, which established longer mandatory prison sentences for persons convicted of certain serious crimes. The consequences of this sentencing change were an increase in the numbers of serious offenders in the prison population, and population growth attributable to the longer length of stay of violent offenders.

Murderers, Class X and Class 1 felony offenders are stockpiling in the prison system. Since 1977, 76% of the increase in the prison population has been among this group of offenders. In August 1991, 68% of the prison population, or nearly 19,500 inmates, were serving extended sentences for Murder, Class X, and Class 1 felony offenses. Murderers alone accounted for 16% of the prison population in August 1991, compared to only 6% of the prison population in December 1977.

Sentencing enhancements have created significantly greater penalties for many criminal offenses. For example, in 1984, delivery of 25 grams of cocaine was a Class 1 felony carrying a sentence of 4-15 years in prison or probation. Today, that same offense is a Class X felony carrying a mandatory prison sentence of 6-30 years.

Violent offenders alone account for 54% of the state prison population and admissions of violent offenders are increasing. On June 30, 1991, 15,443 prison inmates were incarcerated for a violent offense. By comparison, 10,985 inmates were incarcerated for a violent offense at mid-year 1985. In FY91, there were 4,637 court admissions to IDOC for violent offenses, 60% more than the 2,900 violent admissions in FY85.

If current trends continue, Illinois' prison population will increase from more than 29,000 inmates today, to more than 37,000 inmates by 1996 and nearly 55,000 inmates by the year 2000. And although Illinois has built 14 new prisons and four new work camps, and expanded 5 prisons since 1978, at a cost of more than \$400 million, the inmate population is almost 45% over capacity today. Despite the fact that two new prison facilities will open next year, IDOC estimates that it would take 26 new prisons at a cost of \$1.4 billion to keep pace with the influx of inmates through the end of the decade.

In October 1990, IDOC opened the first "boot camp" -- or Impact Incarceration Program (IIP) -- in the state to offer shorter, more intensive periods of incarceration for first-time offenders under 30 years of age. The goals of the IIP are to accelerate the release of selected inmates from prison and to instill the discipline and basic life skills necessary to avoid a return to prison. After completion of the program, inmates are released to intensive parole or appropriate treatment programs.

When a sentencing court finds that an offender sentenced to a prison term meets eligibility requirements set by law, it may approve placement in the IIP. IIP candidates are those who meet eligibility criteria, pose no escape risk, can physically and mentally withstand the rigors of the program, and consent to participate. IDOC reviews each case identified by the court.

Since October 15, 1990, 875 inmates have been referred to the IIP by the courts and IDOC has approved 610 of them for placement in the program. Of those approved by IDOC for placement, 447 have been admitted to the IIP and 163 have been placed on a

waiting list, which is likely to continue to grow. Of those admitted, 109 have graduated and 113 were returned to prison.

The IIP graduates served an average of 134 days in prison, including time spent in reception, waiting for transfer to IIP, and actual time in the IIP. Without the program, these inmates would have served an average of 603 days in prison. As a result, IDOC estimates that it has already reduced costs by over \$1.7 million.

With 60%-70% of IDOC's adult population in need of some level of substance abuse services and about 25% in need of intensive treatment, creating a sufficient treatment capacity within Illinois' correctional system is a formidable task. With the support of the Authority and DASA, IDOC is beginning to develop the continuum of services that are needed. Prior to 1988, drug education programs existed in only three adult and one juvenile institution, and long-term substance abuse therapy groups existed in only four adult institutions. Today, services range from basic substance abuse education to outpatient and intensive residential treatment, and there are programs in all adult and juvenile institutions, all work release centers, several special parole units, and the IIP.

The specific components of this system are:

Substance Abuse Education: In 1989, IDOC created a 30-hour substance abuse education curriculum and trained correctional counselors in presenting the program. Forty-three counselors have been certified by the state board as substance abuse counselors and another 40 have begun training toward certification. All adult and juvenile institutions now present the program on an ongoing basis and classes are open to all inmates on a voluntary basis. The program served 1,025 inmates in FY91.

Outpatient Treatment Groups: Several institutions provide outpatient treatment, typically on a once per week basis. These groups are presented

by the institution's certified counselors or mental health professionals as a continuation of substance abuse education. These services were provided to 275 inmates in FY91.

Transitional Treatment Units: These units offer a level of treatment more intensive than outpatient but less intensive than a residential community. They offer a variety of group therapy and educational experiences and serve both inmates living in the unit and in the general population. The first unit established serves females at Dwight. Units serving adult males are being established at Graham and Sheridan. IDOC anticipates at least 250 inmates will be served per year.

Residential Treatment Communities: These programs are essentially identical to long-term residential treatment programs in the community and include a variety of therapeutic, educational, and self-help activities. Units are located at Dwight, Graham, Sheridan, and the Illinois Youth Center - Valley View. About 360 inmates took part in these programs in FY91.

Work Release Treatment: Offenders at each of IDOC's ten work release centers have access to outpatient treatment services. Every work release center is connected with a designated community based substance abuse treatment provider funded by DASA. With IDOC permission, offenders in need of treatment are allowed to leave the work release center in order to receive services from the designated provider in the community. Approximately 600 male and female work releasees participated in this program last year.

Services for Parolees: Inpatient and outpatient services are purchased for parolees, with females and IIP graduates given the highest priority. The program is currently expanding to a caseload capacity of at least 150.

Intensive Supervision Units: A special substance abuse parole unit in Springfield combines high levels of supervision and frequent drug testing with special case management services directly related to drug treatment. The unit served 112 parolees last year. Three additional units are planned for the Chicago area.

Boot Camp Program: A key aspect of the IIP is its substance abuse component. All IIP participants receive an assessment and an individualized treatment program that includes at least 2 hours of drug education or treatment, five days per week, plus a detailed post-release treatment plan. About 400 inmates were served through this program last year.

Statistics from these programs are offering encouraging signs regarding recidivism. For example, as of June 1991, 160 female inmates had received some amount of service through the programs at Dwight, with 94 (59%) successfully completing treatment. Of the 94 completing treatment, only 12 (12.9%) had returned to IDOC. As the recidivism rate for all females after one year of parole is 16%, and after 3 years is 35%, the Dwight program appears to be reducing recidivism in the range of 20%. Of the 42 youth paroled following completion of the intensive adolescent treatment program at the Illinois Youth Center - Valley View, only 7% had returned to IDOC as of June 1991, a recidivism rate 25%-50% below the institution's average.

Drug testing in the Intensive Parole Supervision program also appears to be having an impact. During the first 18 months of the program, 1,402 drug tests were performed, with 319 (23%) being positive. Over time, drug use by program participants has markedly declined. From January through June 1990, 34% of all drug tests were positive; from July through December 1990, 14% were positive; and from January through June 1991, 19% were positive. Since the program began, only 11% of the program's participants have had their parole violated for a new offense (none for a drug charge) compared to 18% of those in an evaluation comparison group.

The IDOC has also recently adopted an alternative to the conventional parole model known as PRESTART. The new program will soon undergo extensive evaluation to determine how successful it is in enabling releasees to make the transition from prison to the community. PRESTART places emphasis on reintegration and the provision of services, rather than on enforcement and supervision. Community Service Centers located in strategic areas of the state act as reintegration hubs where IDOC staff work to assist releasees in obtaining employment, counseling, education and other services. A special emphasis is being placed on identified drug abusers and sex offenders, who are viewed as being at risk to a greater extent than other releasees.

Treatment

In October 1991, a 72-member Governor's Forum on Substance Abuse, consisting of substance abuse experts, health-care officials and community leaders, was convened by Governor Edgar to recommend strategies for preventing and treating drug abuse. The Forum will focus on implementing education, counseling and referral programs in the schools, involving communities and families in combatting substance abuse, increasing access to treatment for special populations, and improving coordination of substance abuse services. Groundwork was laid through a series of town meetings held throughout the state by Lt. Governor Kustra in May and June 1991. The Forum's final recommendations concerning prevention and treatment strategies will be issued in early 1992.

Consistent with the *National Drug Control Strategy*, Illinois' treatment efforts also are aimed at detecting drug use, intervening to assist users in becoming drug-free, and improving treatment for those drug users who require it. In Illinois, this charge has been given to the Illinois Department of Alcoholism and Substance Abuse (DASA).

Illinois has been able to provide treatment services to the following numbers of individuals:

	<u>FY86</u>	<u>FY87</u>	<u>FY88</u>	<u>FY89</u>	<u>FY90</u>
<u>Youth (under 18)</u>	6,635	5,288	5,072	5,870	7,271
<u>Adult</u>	75,053	72,373	72,104	72,905	74,230

Although the majority of all DASA admissions for FY90 involved alcohol, over 40% reported cocaine, marijuana, narcotics, or other drugs as their primary substance of abuse.

Residential treatment had a total of 17,012 drug (excluding alcohol) admissions in FY90, a slight decrease of 2.6% from the FY89 total. The average residential length of stay was 15.8 days, which is near the previous year's average. If detoxification admissions are discounted, the average length of stay increases to 46.4 days, which is similar to the FY89 figure of 46.8 days. On July 1, 1990, the residential service system consisted of 272 detoxification beds, 614 short-term rehabilitation beds, 694 long-term rehabilitation beds, 542 residential aftercare (formerly, halfway house) beds and 80 residential methadone beds. Between FY89 and FY90, beds increased by a total of 83 in the residential service system, with increases coming in each service category except for long-term rehabilitation. It should be noted, however, that bed totals as discussed here reflect capacity for both alcohol and drug treatment from all sources of referral. Overall, 628,612 days of service were provided (both alcohol and drug included).

Outpatient treatment had a total of 17,434 drug (excluding alcohol) admissions in FY90, an increase of almost 19% over FY89. The average duration of service was 34.8 hours, a marginal increase from 32.5 hours in FY89. Overall, 1,464,414 service hours (both alcohol and drug) were provided, 67.3% by outpatient services, 12.4% by methadone services, and 20.3% by intensive services.

DASA estimates that its 34,446 drug admissions in FY90 represent a penetration rate of 970.1 per 10,000 people at risk of drug dependency over the age of 12. The goal of the state's treatment system is to have the capacity to serve 15% of the estimated

prevalence population, which translates to a penetration rate of 1,500 per 10,000. When this rate is compared to the present penetration rate, it can be seen that a significant expansion of the present system is required to meet this stated goal. Unfortunately, Illinois' treatment system is likely to become even more overburdened in the near future. The eradication of Medicaid funding for substance abuse treatment in community based programs and the reduction of overall state General Revenue support for drug treatment will likely result in a 16% to 20% cut in the overall treatment capacity for DASA.

AIDS now is recognized as an issue with profound implications for intravenous drug abusers (IVDA's), their sex partners and children, and the substance abuse treatment system. As of October 1991, IV drug use was reported as the sole risk factor for 22% of all AIDS cases in the country; in Illinois the figure is 14%. During the first 10 months of 1991, IVDA's accounted for 221 or 18% of the state's 1,227 new AIDS cases. By comparison, IVDA's accounted for 15.8% of the state's 982 new AIDS cases during the first 10 months of 1990 and 14.2% of the state's 956 new AIDS cases during the first 10 months of 1989. In suburban Cook County, IV drug abuse has accounted for 23% of all new AIDS cases thus far in 1991, compared to 16% a year ago. In addition, IVDA's account for 40% of all HIV seropositive reports by private providers in Illinois.

A conservative estimate of the number of IVDA's in Illinois is between 85,000 and 100,000. Although the percentage who are infected with the HIV virus is unknown, research conducted by the Chicago AIDS Outreach Demonstration Project sheds light on the problem. Data collected on 1,043 IVDA's in Chicago in 1988 indicated that 25% were HIV positive. A follow-up study, however, revealed an alarming rate of HIV seroconversion among this population. Between March 1988 and March 1991, 71 IVDA's seroconverted, for a total seroprevalence rate of 33%.

In Illinois, TASC Inc., a not-for-profit agency headquartered in Chicago, serves as a liaison among the criminal justice system, the substance-abusing offender, and the state's

network of treatment programs. TASC's goals are to identify substance-abusing offenders entering the criminal justice system, to evaluate and refer eligible offenders to appropriate treatment programs, to monitor their performance, and to report back to the criminal justice system on the offenders' progress.

Begun in 1976 as a demonstration project for opiate abusers in Cook County, TASC has grown to include services for all types of substance-abusing adults who are under the jurisdiction of Illinois' courts. The agency currently has 18 offices covering 10 areas in three regions. Areas 1 (Cook County) and 10 (collar counties) form Region I. The remainder of Northern Illinois forms Region II, and Southern Illinois forms Region III.

The number of substance-abusing offenders handled by TASC has increased significantly since the early 1980s. Between FY82 and FY90, the number of drug-abusing offenders screened by TASC increased 137% and the number actually placed in treatment increased 127%. Screenings increased 63% and placements 57% between FY89 and FY90 alone. Between FY90 and FY91, screenings increased 16% and placements 28%. Indications are that the trend will continue, as TASC screened 1,461 potential treatment clients during the first quarter of FY92, 13% more than the 1,291 screenings conducted during the same time period in FY91.

Of the 1,487 TASC placements in FY91, the majority (61.4%) were for residential treatment. Of all FY91 placements, 688 (46%) were Region I placements, 452 (30%) were Region III placements, and 347 (23%) were Region II placements. A higher proportion of patients were sent to residential facilities from Region I (71%) than from either Region II (56.7%) or Region III (50.4%). First quarter FY92 TASC placements jumped 25% compared to the same period a year earlier.

Despite the fact that more drug-abusing offenders are being placed in treatment, concurrent increases in the number of people screened, found eligible, and accepted for treatment have resulted in a sharp rise in the number of drug-abusing offenders awaiting

placement in TASC-monitored programs. Sixty-seven people were waiting for treatment in February 1982. By February 1989, TASC's waiting list had increased more than four-fold to 376. With additional resources, TASC was able to reduce the waiting list to 201 in October 1990, its lowest point since 1985. Over the past year, however, TASC's waiting list has virtually returned to the 1989 level, reaching 372 clients as of September 1991. The average waiting time before placement in a treatment program is currently 3-6 months.

The lack of treatment facilities is not just a Chicago/Cook County problem, but a statewide matter. Of the 372 offenders awaiting placement in a TASC-monitored treatment program in September 1991, more than one-third were from outside Cook County.

The lack of treatment facilities in Illinois is also affecting a much larger population of substance-abusing offenders than those handled by TASC. While TASC plays an important role in linking the criminal justice system, the substance-abusing offender, and treatment facilities, the overwhelming majority of substance-abusing offenders on probation in the state are placed on ordinary probation caseloads without TASC involvement. As was mentioned in a previous section of this report, AOIC reports that of the nearly 50,000 adult probationers in Illinois in December 1988, approximately 15% had drug treatment as a special condition of their sentences but more than one-third were estimated to be in need of drug treatment.

Replicating a methodology used by the National Science Foundation to generate estimates of the need for treatment nationwide, the Authority estimated that nearly 39,000 offenders in Illinois' criminal justice system were in need of treatment on December 31, 1989. System-wide, a 15,000 person gap between the demand for criminal justice treatment services and available treatment capacity has been estimated by DASA. In other words, in FY91, there were at least 15,000 Illinois criminal justice clients in need of treatment that Illinois' current treatment system could not accommodate.

The most comprehensive treatment program in Illinois for offenders in custody is administered by the Gateway Foundation and Cermak Health Services for inmates in the Cook County Jail. The Gateway Foundation is a non-profit organization that has been providing drug orientation and counseling services to jail inmates in Cook County since 1969. Cermak Health Services is the health service provider for the Cook County Department of Corrections, providing substance abuse treatment services to inmates to augment those offered by Gateway.

The goal of Gateway's Substance Abuse Treatment Center (SATC) is to prevent further criminal activity resulting from substance abuse among jail inmates. SATC provides a therapeutic community designed to prepare jail inmates for other substance abuse treatment upon their release from the jail.

SATC's men's program is capable of serving 300 clients at a time. It occupies a building that is part of the jail facility. Although no specific housing unit is designated for female program participants, one Gateway counselor is available full time to women who need substance abuse treatment services. Total intakes in FY91 totaled 277. SATC has a continuous waiting list of 200.

In an effort to provide treatment services to incarcerated offenders awaiting placement in a residential treatment facility, a Gateway staffed treatment program was implemented in the St. Clair County Jail with the help of ADAA funds in mid-1990. Program staff work closely with TASC, the local probation department and outside service providers to provide a continuum of services and prepare the substance abusing offender for residential placement. Statistics from the first year of the program support the hypothesis that individuals who receive in-jail treatment are more likely to remain in residential treatment once placement occurs. Of the 14 jail inmates who participated in the program and were placed in a residential treatment facility, only one unsatisfactorily exited residential rehabilitation within the first 30 days of treatment. Statewide, 25% exit residential treatment within the first 30 days.

Resource Needs

As previous sections indicate, Illinois is experiencing some success in its efforts to combat illegal drug use and drug-related crime. As one police chief stated, "In the few short months since forming this Task Force, the results of our law enforcement efforts have been outstanding. The arrest and seizures of crack cocaine provide us with the distinction of being the crack capitol of the area...I believe we are beginning to restore the faith of the community in law enforcement. Citizen involvement in reporting crime or drug suspects or homes has increased...I see a new pride in the Police Department...Cooperative efforts with other state and federal agencies are increasing. Citizens have observed drug users and dealers being held accountable for their actions."

This does not mean however that the "war" has been won. The criminal justice system remains overwhelmed by illegal drugs and drug-related crime. Crime labs are still backlogged. Court cases take too long. Defendants sit in crowded jails, and prison beds are filled faster than they are built.

Nor do the data suggest that Illinois has been able to control its violent crime problem. To the contrary, numerous cities in the state will, this year, set records for the number of homicides recorded. Many of these are being found to be drug related.

To more specifically describe these and other problems the Authority conducted two public hearings in November 1991 and also invited written testimony on the needs of those charged with enforcing drug and criminal laws and directing the administration of justice. One hundred forty three individuals and organizations, representing virtually all components of the criminal justice system, as well as citizen groups and service providers, either testified in person or submitted written remarks (see Appendix B). Following are highlights of their testimony.

System-Wide Issues

Four concerns were heard repeatedly:

Violence is on the rise: Witnesses from urban, suburban and rural communities all spoke of an increase in violence in their communities. Several quoted statistics which documented startling increases in homicides and shootings. Some linked the violence to an increase in gang activity. Nearly all said much of the violence was attributable to drug deals which "went bad" or drug users who needed money to support their habits.

Pressure on the system has increased: Partly due to the success of expanded enforcement at the local level, record numbers of offenders are being brought into the system. And, because the public sees action being taken, calls for service in many areas have increased dramatically, making it harder for the system to stretch the resources it has. Some communities, such as those where only one or two parts of the system increased its capacity or those where other adjustments to handle more activity haven't been made, are feeling this pressure more than others. Similarly, the system's infrastructure - on which those in the field rely for specialized support - is also stressed. As a result the system is out of balance in some counties, perhaps statewide, since not all of its components are equally prepared to handle the demand for services.

Available funds are too few to meet the perceived need for assistance: Witnesses indicated there were too few federal, state and local funds available at the present time to support the services they perceived were needed. They also felt their ability to generate more revenue locally - through increased taxes, fines, or forfeitures - was limited. In fact, a number spoke of resources which had been lost due to cuts in funding at the state and local levels. Thus they indicated both

a need for additional funding and, perhaps more importantly, for more to be done with the resources which do exist. In reference to the latter witnesses have sought direction from current research and each other. They therefore espoused multi-jurisdictional efforts, closer coordination between components of the system at all levels, more focused efforts which relied on sound intelligence information, and training to improve the effectiveness of staff on the front lines and in leadership roles. Noted too was an interest in evaluation so the impact of programs can be measured and successful ventures replicated. For the first time witnesses spoke of local strategies and plans to address their problems and development of model policies and protocols.

The testimony of witnesses at the hearings, the data which are available, and input from federal and state officials are consistent: those areas of the state outside Chicago which have the greatest need for assistance in combatting drug trafficking are often least able to meet matching requirements. Many of these communities are too poor to provide the most basic services for their citizens. Committing new dollars to drug enforcement -- however great the need -- is simply out of the question. As the *National Drug Control Strategy* acknowledges "...that is too heavy a burden to leave on those whose lives are often already taxed by poverty and broken homes, but who still have the will to resist drugs."

More needs to be done to prevent drug use and reduce recidivism: Pressure on the system, and those responsible for it, has grown to the point that virtually all those who testified agreed that Illinois' drug problem cannot be "enforced away". More must be done with those in the system who are at greatest risk of recidivating at the earliest possible point and more must be done to keep those who are drug-free now from becoming users. While some witnesses spoke of their frustration dealing with users who commit crimes others spoke with optimism of efforts to both hold offenders accountable for their criminal behavior and to help them pursue drug-free lives. All agreed it was easier to never start using drugs

than to stop and encouraged the expansion of anti-drug programs in the schools.

Law Enforcement

Thirty-two law enforcement agencies provided either written or oral testimony. All of them also called for continued funding of local efforts. Some spoke of expansion as well. Specifically identified as problems were:

A lack of manpower: The need for more personnel was identified, as it has been each year, by both multi-jurisdictional enforcement groups and two small departments, especially in areas witnessing an increase in gang activity. Many of the local MEGs or task forces have been unable to pursue all the leads or cases brought to them for investigation. Instead each must select those cases which show the most promise or can be completed by the staff available or conducted within a specific timeframe. As a result, some cases which have potential for leading to the arrest of higher-level dealers may be put on hold or deferred indefinitely. None of the existing MEGs or task forces is able to expand its jurisdiction to include non-participating jurisdictions which want to be part of the unit without additional financial support. In some instances, financial constraints on participating departments are forcing them to withdraw from the units.

While acknowledging that covert investigations are best conducted by multi-jurisdictional task forces, witnesses stated more overt efforts by uniformed and plain clothes officers were needed and that this type of enforcement was best accomplished by individual departments.

Raised as a concern as well was the plight of departments serving small towns. As one official stated, "...In April of this year, (our) department became aware of a major drug paraphernalia manufacturer operating within the Village's corporate limits... this business had moved from the western suburbs... to conduct it's

business, where I am sure they felt safe and secure from Police interference.

A lack of equipment: Only a few witnesses spoke of a need for more sophisticated surveillance equipment. Since nearly all MEGs and task forces have purchased at least some of this equipment in the past, the need this year focused more on communications and computers to analyze intelligence information and track crime patterns.

A need for training: Training continues to be an area of need. Less seasoned officers need drug-related information and skills; veterans need to be refreshed. A number of witnesses described a need for training of line officers so they can assume a greater role in combatting drugs. The 40-hour Drug Enforcement for Partial Officers seminar the Authority began funding last year received high marks. "This seminar provides uniformed patrol officers with the knowledge and skills necessary to be more effective in suppressing street drug dealing - the drug trafficking activity that generates the most fear within our communities". Such training would be consistent with recent trends toward problem-oriented policing and community policing.

Interdisciplinary Approach: One sheriff's department called for formation of a gang task force, in conjunction with others for the criminal justice system, social services, the schools and others in his community, to develop and implement an anti-gang strategy.

Prosecution

A number of state's attorneys and two agencies with statewide jurisdiction testified regarding the problems faced by prosecutors:

A lack of personnel: Not surprising is that state's attorneys are feeling the effect

of increases in arrests of offenders especially drug offenders. After all, as the *National Drug Control Strategy* suggests, "...(E)ffective enforcement means dramatically increasing the number of drug offenders arrested." Several state's attorneys noted significant differences in the number of persons arrested in their counties since federal funds were used to expand the work of local MEGs or task forces and also spoke to the improved quality of those case when they were developed with the assistance of an assistant state's attorney who specialized in prosecuting drug cases. "The grant funds have permitted this office to emphasize and target major narcotics dealers in (our) County. Approximately 75% of all cases referred to us for prosecution by the Metropolitan Enforcement Group are "class X" violators, a classification which mandates a minimum 6 year prison sentence upon conviction. The average prison sentence on these cases has averaged over seven years and our office has achieved a better than 92% conviction rate during the past three years. During the past three and one-half years, over 450 defendants have been convicted of selling narcotics in (our) County; of those, over 210 have been sentenced to the Illinois Department of Corrections...The federal funds our office has received has enabled us to increase our emphasis on financial investigations to identify assets obtained through illegal drug trafficking. In 1988, the first year of the grant, our office forfeited approximately \$125,000, which increased in 1989 to almost \$250,000. In 1990, the total assets forfeited reached approximately \$350,000, which is likely to be surpassed in 1991...Additionally, having the asset forfeiture investigator has resulted in the seizure of approximately 17 residences over the past three years for forfeiture".

While some state's attorneys spoke on behalf of continued funding of local MEGs or task forces, others felt they needed additional staff to handle new and more complicated cases.

According to one downstate prosecutor, "...The major problem facing our office is

the ever growing caseload, which most other prosecutor's offices are also experiencing. With the increased emphasis on criminal prosecution, as well as asset forfeiture, each assistant's caseload has increased. The average caseload per assistant state's attorney is approximately 75 at any one time. The primary source of our cases, (the local) MEG, increased the number of cases they opened in 1991 by 40% per year, while the number of prosecutors has remained constant.

Yet another state's attorney noted "...It is gang related prosecutions that we at the State's Attorney's Office and the public find most frustrating. Our witnesses are usually private citizens who have criminal records themselves, and who have a number of reasons for not wanting to cooperate with the authorities. Gang members usually have sufficient means with which to hire private lawyers and fund their own expenses for trial and cost of hearings. As a result, they are able to engage in very expensive defenses and hire high priced lawyers. Finally, gang related prosecutions have a significantly higher rate of going to trial than any other type of prosecution.

A third state's attorney spoke of steps he has taken to address both the drug and gang problems in this county. With respect to the former he has convened a task force to develop and oversee the implementation of a local strategy - modeled on that of the Authority - to combat the illegal trafficking of drugs. More recently he has undertaken a study of the gang problem in his county to determine how it might be curtailed.

The director of the Office of the State's Attorneys Appellate Prosecutor said local state's attorneys and their assistants were calling for both information and direct assistance in prosecuting cases, especially with reference to asset forfeiture.

A need for training: Prosecutors, as well as police, expressed an interest in training, especially on asset seizure and forfeiture. Recognizing that

proportionately fewer cases would be handled by the U.S. Attorneys' Offices, they requested hands-on training to equip them and their assistants with specific skills.

A need for innovation: The Illinois Attorney General encouraged the Authority to seek out and consider innovative approaches to drug enforcement. In doing so he stated a need for community outreach to enlist citizens in the fight against drugs, to work with residents of public housing developments and hispanics, to prosecute child abusers, to extend nuisance abatement activities beyond Cook County, and to create a master plan to reduce drug abuse in the state.

Public Defenders

One public defender, the chair of the public defender association and the director of the State Appellate Defenders Office, eligible to receive federal Anti-Drug Abuse Act Funding for the first time in FFY91, spoke of the need for increased manpower to keep pace with their workload. The chair of the defenders association testified "Public Defenders as attorneys for anywhere from 45 to 80% of the criminal defendants in any county's criminal justice system are the first people to come into contact with a defendant/drug abuser in a non-adversarial setting. As such, the Public Defender needs to be trained to identify the drug abuser and how to handle him." He also reminded the Authority "(f)or every case that is filed and requires a prosecution, it is obvious that there must be a Public Defender on the other side...Funding in whole or in part the salary of Assistant Public Defenders' who would specialize and handle drug cases would have the effect of more efficient processing of drug cases through the criminal justice system..."

The public defender of an urban county reported he had asked the chief judge of his county to stop assigning cases to public defenders because the caseloads had grown too large to provide adequate representation and funds were not available to add more defenders. His sentiments were echoed by another defender: "...The growth in the

number of cases assigned to the Office has resulted in a growth in the number of cases assigned to each attorney each year. The caseloads carried by the attorneys are significantly "beyond reasonable expectations." The effect of excessive attorney caseloads is obvious: the quality of legal representation declines. The practice of law is labor intensive. There are no substitutes for an attorney being properly prepared. An attorney's most valuable resource is having adequate time to prepare. Some areas of legal practice, such as research, have benefitted from improved technology, but the basics of preparing the trial remain relatively untouched by technology.

The legal director of the Office of the State Appellate Defender had good news and bad news: "Using the grant funds, we have commenced an attack on our drug appeals case problem. When we commenced the grant, we had 222 unbriefed drug appeals cases in the office. Over 90 of these cases are currently in the hands of grant drug unit or grant panel attorneys. However, as we also then stated, we continue to be appointed in new drug appeal cases. Last month we received 36 new drug case appointments."

Courts

A number of witnesses spoke on behalf of probation and the courts including a representative of the Administrative Office of the Illinois Courts. They raised the following concerns:

A need for personnel: Several witnesses expressed the problem now faced by the courts quite simply: "Increases in enforcement, prosecution, and technical resources have produced the desired result -- massive increases in drug arrests...(which have)...resulted in a massive increase in criminal drug cases...(These) must be balanced with increases in public defenders, sheriffs, and court clerks." Clearly, as the *National Drug Control Strategy* recognizes, "(E)xpansion does not merely mean more police or more prisons. It means enlarging the system as a whole so that drug offenders can be dealt with swiftly,

justly and efficiently through every step of the judicial and correctional process."

According to the Administrative Office "...In State FY '91, there was a documented need for an additional 169 Probation Officers based on a statewide workload analysis derived from the adult probation case management and classification system. This workload need was determined prior to the budget cuts, layoffs and vacancy freezes..."

A need for both pre- and post-trial services: As more alleged offenders come into the system and more persons are convicted, alternative programs which are already in place need to be expanded. "There is a great need to identify abusers as early in the process as possible...(because)... many of these individuals will not arrive on probation caseloads until they have committed several more offenses." Similarly, innovative programs which have proven successful need to be implemented in other jurisdictions. Cited as worthy of continuation were home confinement, intensive supervision, electronic monitoring, and specialized drug supervision. In all instances drug testing components either need to be added or expanded to ensure timely consequences for positive tests.

In support of these programs the Administrative Office stated "...Probation does work. In 1990, only 2,079 (3%) of the approximately 70,000 active adult probation cases were revoked and sentenced to the Illinois Department of Corrections. About 80% of all adult offenders are sentenced to probation in Illinois, and of all felony offenders sentenced for probationable offenses (i.e., those felonies which do carry a mandatory imprisonment sentence), approximately 65% are sentenced to probation instead of prison. The collective goal of the probation community at this juncture is to keep probation working..."

Multi-problem probationers: According to witnesses the "typical probationer" has changed. "While 20 years ago, we made minimal inquiry about alcohol and drug

usage, today we typically assume that probationers are experienced with alcohol and a cadre of illegal substances. More times than not, our assumption is accurate..." Another concern is probationers who not only have a drug or alcohol problem but a mental health problem as well.

A need for training: Probation departments too see a need for training to be able to handle those being placed on probation.

Corrections

The Illinois Department of Corrections (IDOC), a number of sheriffs, and one private program for drug abusers addressed the need for a full range of services for offenders and for state support for their local enforcement efforts:

A lack of alternatives: The IDOC indicated that "(O)ver the past several years, it has been working toward creating a full continuum of substance abuse services. The need for such services is great and continues to expand as the inmate and parole populations grow. With between 60 and 70% of the adult population in need of some level of substance abuse services and perhaps as much as 25% in need of very intensive treatment, creating a sufficient treatment capacity is a formidable task."

IDOC expressed an interest in continuing the residential treatment units and community based initiatives which were initiated with federal funds, and in expanding services in facilities as well as those available to persons released from IDOC. Given the large percentage of convicted offenders with a history of substance abuse, the department is also interested in continuing the education program which was initiated with federal funding. Continuation and expansion of specialized parole services was proposed to help offenders with the transition from prison to a supervised residential setting. One sheriff stated 14 of Illinois' jails

are overcrowded on a daily basis and proposed establishment of pre-trial and work assistance programs to alleviate that overcrowding.

A need for joint planning: The director of Treatment Alternatives for Special Clients called for the development of partnerships by those involved with drug abusing offenders and challenged the Authority to develop strategies to identify intervention points and apply appropriate technology and sanctions at these points. In addition she proposed piloting a pre-adjudication program in a downstate jurisdiction; such a program would focus on the early identification of drug users, and utilize electronic monitoring, pre-treatment readiness and urinalysis.

Areas of Greatest Need

The Authority follows a needs-based allocation process. That is, after collecting and analyzing data and written and oral testimony for witnesses, the Authority identifies the greatest problems Illinois is facing with regard to enforcement of drug laws. Within each of those areas the Authority then conducts a second data analysis, at the municipal, county or regional level, to determine geographic areas of the state with a greater need for intervention. Those areas are then reviewed with respect to a number of factors. These include:

- ▶ The extent to which an area is a major drug center;
- ▶ The extent to which local enforcement agencies have committed resources, their progress to date, and ability to expand their efforts;
- ▶ The potential impact of an expansion of resources; and
- ▶ The ability of local law enforcement to meet match requirements.

Three areas were identified in FFY90 as greatest need jurisdictions - Chicago, the greater East St. Louis area, and south suburban Cook County. A number of efforts are

underway in Chicago to impact street dealing and disrupt mid-level traffickers. In East St. Louis a six-part law enforcement initiative has been partnered with treatment and prevention components to mount a multi-level interdisciplinary anti-drug campaign. The six law enforcement elements include: overt enforcement, covert enforcement, specialized prosecution, specialized probation services, a community service program to relieve jail overcrowding, and community crime prevention. Planning of a south suburban Cook County initiative is underway.

In FFY91, two communities with gang, drug, rising crime and other problems were targeted for the piloting and testing of a community wellness initiative which incorporates principles of community policing.

A similar process is being followed this year to determine whether to expand the greatest need areas.

Section II. Description of the Strategy

Strategy for Addressing the Problem

The testimony provided by witnesses at the Authority's public hearings, and information regarding the impact of the programs funded thus far with *State and Local Law Enforcement Assistance Act* and *Anti-Drug Abuse Act* funds, suggest the Authority, in its earlier strategies, was on the right track. Efforts must be directed both toward reducing the supply of and demand for drugs. While the major focus of Illinois' drug enforcement strategy is apprehension and prosecution of traffickers - to thereby reduce

the supply of drugs available in the state - it does not ignore the benefits to be gained from treating offenders and educating prospective drug users to reduce demand for drugs as well.

The objectives of the Illinois' strategy are:

- To prevent illegal use of drugs as measured by the number of children who report never using drugs on surveys of overall drug use;

- To reduce the number of young people and adults using illegal drugs as reported in surveys on overall drug use;

- To reduce the incidence of criminal activity related to illegal drug use;

- To reduce the number of emergency room mentions for cocaine, marijuana, heroin and dangerous drugs;

- To decrease the available supply of drugs as measured by an increase in price and a decrease in purity;

- To reduce the incidence of homicide and other acts of violence;

- To increase seizures and forfeitures of illegally obtained drug profits;

- To make the criminal justice system operate more efficiently;

- To improve the response of the criminal justice system to crime victims as measured by surveys of victim satisfaction with the handling of the case in which they were involved by the criminal justice system.

Hearing testimony and available data suggest the Authority, in past state strategies, correctly identified significant problem areas and implemented effective means to attack them. It would be irresponsible not to continue these efforts when they are at a point of having an effect, even if only on the neighborhood level, on the drug problem. Therefore, the FFY91 strategy takes into account both the efforts which warrant continuation as well as new areas which need to be addressed.

As in past years, limited funds do not permit every problem which has been identified to be addressed. Therefore, it has been necessary to propose program strategies which can be implemented and show results within the life of the federal funds, which are *affordable*, and which will maximize the return on dollars that have been invested and will be invested in the future.

Following are the statewide criminal justice priorities for Illinois:

Increase the capability of local drug law enforcement, with an emphasis on supporting multi-jurisdictional efforts.

Expand the capability to prosecute drug offenders, especially efforts to seize and forfeit assets and deprive traffickers of profits.

Alleviate overcrowding of corrections by developing and funding alternative programs for non-violent drug offenders.

Target high intensity drug trafficking areas of the state.

Monitor the drug enforcement and use patterns in the state and, if warranted, develop and implement an appropriate program response.

Plan and implement creative approaches to stemming drug trafficking.

Ensure a balanced approach to drug enforcement to avoid overloading any component of the system.

Use drug testing as a means of holding known drug offenders accountable.

Promote an interdisciplinary and collaborative approach to drug problems at the

state and local levels, which includes the participation of non-criminal justice agencies when appropriate.

Promote short-term alternatives to corrections.

Improve data collection and analysis with respect to drugs, violent crime and gang activity.

Reduce violent crimes--especially those leading to homicide--in areas of greatest need through implementation of a broad-based intervention strategy.

Ensure all crime victims are treated with respect and in accordance with protocols developed jointly by criminal justice personnel and victim advocates.

Develop and test pilot programs for dealing with Illinois' gang problems which are based on a sound analysis of those problems.

Build a strong infrastructure, including training of criminal justice personnel and public information to support the fight against drugs in Illinois.

Continue drug treatment within the criminal justice system.

Ensure accurate and complete criminal history records are maintained by the state.

Evaluate the effectiveness of programs.

Encourage criminal justice agencies to collaborate with other state and local agencies and citizen groups in promoting child abuse and illegal drug use

prevention and education activities.

The Authority has also determined that the interests of the state will best be served if the limited funds available are primarily concentrated on the enforcement of state and, if appropriate, federal laws. Additionally, the Authority believes 1) multi-jurisdictional covert efforts are generally more productive than the covert efforts of jurisdictions acting independently, and 2) that independent, uncoordinated enforcement activities may even jeopardize the work of other agencies and safety of officers. Therefore, in regard to covert activities, the Authority will only fund multi-jurisdictional covert efforts. This is not to say, however, that street-level enforcement is precluded, but rather that, where possible, it should be part of a larger coordinated investigative effort.

Relationship of State Efforts to the National Drug Control Strategy

A reader of the proposed state efforts for FFY92 and the January 1990 *National Drug Control Strategy* will note a number of common concerns and proposals and no areas of disagreement.

Both strategies call for increased law enforcement at the local level.

Both strategies call for a sensitivity to the impact of changes in one part of the system on other parts of the system.

Both strategies recognize that law enforcement alone cannot combat drugs. Only a multi-faceted approach which combines federal, state, and local resources will be successful in doing so.

Both strategies call for collection and analysis of information.

Both strategies recognize the importance of evaluation, especially of untried or untested program approaches.

Both strategies encourage the use of the latest technology, innovative programs, and programs of proven effectiveness.

Both strategies recognize drug testing as a means of holding known drug offenders accountable. In Illinois, testing is a component of probation and parole programs. Thus, offenders are monitored throughout their involvement with the criminal justice system. Testing is also a component of many of Illinois' voluntary treatment programs.

User Accountability

Illinois has already taken a number of steps to bring pressure "...to bear on the entire drug market, dealers and users alike...to ensure that all drug use -- whatever its scale -- faces the risk of criminal sanction." Like most states, Illinois has increased criminal sanctions for those convicted of drug trafficking and possession. A number of other laws have been enacted which expand the consequences of drug use:

- The court may prohibit a person under 18 years who has been convicted of a drug or alcohol offense from acquiring a driver's license or from operating a motor vehicle while the individual is on probational or conditional discharge.
- School bus driver permit applicants are subject to drug testing prior to receipt of the permit. Conviction for certain drug offenses bars applicants

from receipt or renewal of a bus driver permit.

- Drivers convicted of DUI or a felony in the commission of which a motor vehicle was used have their licenses revoked.
- Conviction of certain drug possession offenses may result in a suspension of driving privileges.
- Physicians and pharmacists have their licenses revoked for a second conviction for a felony under the Illinois Controlled Substances Act.
- School boards are barred from hiring certain convicted drug offenders and may revoke the teaching certificates of other convicted drug offenders.
- Professional licenses of persons convicted for certain offenses may be revoked or suspended or other action taken following a first offense. Professionals subject to these regulations include physicians, pharmacists, veterinarians, dentists, and athletic trainers.
- Nuisance abatement actions can be brought against buildings used in the commission of a violation of the state's cannabis or controlled substances acts.
- Housing authorities may deny tenancy to persons convicted of a criminal offense relating to the sale or distribution of controlled substances.
- Landlords may void leases of tenants using the leased premises to keep or sell controlled substances.
- Certain probationers and parolees are subject to drug testing.

- Persons convicted of certain drug possession and delivery offenses are subject to a fine equal to or greater than the street value of drugs seized as well as other penalties.
- Persons giving or selling drugs to minors are liable for damages to the minors' parents for costs for treatment, pain and suffering of the parents, and punitive damages.
- Use of cellular phones or pagers by pupils may be banned by school boards.
- School boards may adopt policies allowing police to conduct searches for illegal drugs on school grounds.
- Persons addicted to alcohol or controlled substances may be rejected as candidates for state jobs.
- Cash, conveyances, other property and real property are subject to forfeiture for certain drug law violations.

To alert citizens to these legal consequences of drug use and dealing the Authority is undertaking a statewide public information campaign. Thus Illinois has not only developed consequences for drug-related offenses but a mechanism for ensuring those who may commit those offenses are aware of the risk they are taking.

Coordination of Drug Control Efforts Within the State

The Authority has played a key role in both the horizontal and vertical coordination of programs of those responsible for and involved with drug enforcement, treatment, and

enforcement, treatment, and education in Illinois. Staff of the Authority meet regularly with staff of other state criminal justice agencies and the Illinois Department of Alcoholism and Substance Abuse (DASA). The Authority and DASA have been involved in joint planning initiatives for the past two years. As a result, funds flowing to local units of government for enforcement are frequently complemented by funding from DASA for treatment of drug offenders by community-based agencies. One instance of this is an eight part intervention in the greater East St. Louis area which combines state treatment funds with federal enforcement dollars to: establish a covert enforcement unit, increase uniformed street level enforcement, develop specialized prosecution and probation units which target drug offenders, initiate a community service program to relieve jail overcrowding, expand neighborhood watch and in-school prevention efforts, and increase treatment options for court and self-referred abusers. At the state level, DASA has committed more than \$1 million for treatment of offenders who are under the jurisdiction of the Illinois Department of Corrections.

This year, for the first time, the Illinois State Board of Education has expressed an interest in working with the Authority and DASA to ensure programming is coordinated and the impact of state and federal dollars is as great as possible.

Authority staff routinely convene interdisciplinary groups to discuss issues of common interest -- such as crack cocaine or asset seizure and forfeiture -- and, when appropriate, develop a strategy for addressing a specific problem. All grantees are encouraged to meet regularly with other criminal justice agencies in their jurisdictions. When this is not taking place, the Authority will ask why and, if warranted, may convene a meeting itself.

In other instances, such as with the Cook and Collar County Multi-Jurisdictional Prosecution Network, the Authority chairs periodic meetings of city, county, state, and federal agencies which serve Cook and the surrounding counties. Such efforts,

though time consuming, have proven well worth the time as they provide a forum for problem-solving, information-sharing, and building of trust -- all of which can and does happen without the infusion of additional dollars.

Coordination of State and Local Drug Control Efforts with Federal Efforts

Illinois' drug strategy incorporates all seven recommendations of the National Strategy through its programming of federal, state and local funds. Federal, state and local funds are all being used to support:

- Drug testing of offenders;
- Increased emphasis on street-level drug law enforcement;
- Programs to hold users accountable for their actions - from both treatment and enforcement perspectives;
- Intermediate sanctions for nonviolent drug offenders;
- New institutions to address increased numbers of drug related offenders;
- Programs to eradicate Illinois' marijuana crop; and
- Evaluation of programs which are put in place to deter drug use and trafficking.

Illinois is fortunate to have U.S. Attorneys who are committed to working with state and local agencies as partners in the fight against drugs. Coordination with DEA, the U.S. Marshal's office and U.S. Customs Department has also resulted in investigations of

major traffickers. Work with Immigration and Naturalization Service is just beginning.

Through the LECC and several state and local committees and task forces, Illinois has been able to avoid duplication and promote the sharing of information which is essential for effective law enforcement

Evaluation

To ensure that the state's need for information on the impact and effectiveness of drug control efforts is met, an extensive evaluation component is being undertaken. A limited number of evaluation projects will be conducted internally by Authority staff and a yet to be determined number of evaluation projects will be conducted externally under subcontract. The Authority will play a key role in both the internal and external segments.

Evaluation involves the systematic assessment of whether and to what extent projects or programs are implemented as intended and whether they achieve their stated goals and objectives. It entails asking questions about projects or programs (or a constellation of programs that comprise a state strategy), acquiring information, and analyzing the information. Evaluations vary, therefore, according to the types of questions posed, the methods used for acquiring information, and the types of analyses conducted.

There is no single method of evaluation that is best suited to all purposes and all projects. Instead, the most appropriate method for answering questions depends upon many factors, including: the type of question posed; the nature of the program and any inherent constraints on the ability to answer the question asked; the availability of data; and the level of resources devoted to getting the answer.

Before trying to determine which kind of evaluation approach best suits both the needs

of important stakeholders and the nature of the project, a threshold decision is made regarding whether to evaluate a project at all. Although a number of different projects may be suitable for evaluation it will be difficult, if not impossible, to evaluate them all. Rather than attempting to do so, priorities are established and resources focused so that they provide the most useful information possible.

Internal Evaluation Segment

The internal segment of the evaluation component involves completion, over a two year period of a minimum of five evaluation projects using Authority staff.

In deciding which programs will be evaluated, the following criteria will be used:

- The need for individual program (as opposed to a constellation of programs) evaluation because the program is demonstrative and/or under consideration for funding by a state or local entity.
- The technical requirements and resources necessary to answer the research question(s) can be capably provided by the Authority.
- The evaluation findings will contribute to an understanding of the impact of the statewide drug control strategy.

External (Subcontract) Evaluation Segment

Recognizing that the complexities of a comprehensive evaluation initiative extend beyond the capabilities of Authority staff alone, a highly collaborative external segment of the evaluation component is also being undertaken. In this segment, a yet to be determined number of evaluation projects will be carried out by subcontract.

The purpose of evaluations is to provide feedback to decision makers about program operations and their effectiveness so that their decisions can be as fully informed as possible. To be useful, evaluations must meet the information needs of decision makers. And to be successful, those information needs must be clearly identified and prioritized, appropriate research questions must be framed, and the technical requirements and resources needed to answer the research questions must be properly identified and allocated. In short, before any evaluation initiative can be undertaken, a plan for identifying the specific programs (or constellation of programs) that are to be evaluated and the specific types of evaluations that are to be conducted must be in place.

While the ultimate goal of this evaluation initiative - to assess the impact of Illinois' drug control strategy to learn if it is or isn't working - is clear, questions regarding which of its constituent programs will be evaluated, and how, remain to be answered. And although the current reporting provisions and evaluation guidelines of the ADAA of 1988 provide some general parameters for framing evaluation research questions and identifying which types of evaluations should be conducted, the proposed program will require much more specific and substantive direction so that its resources and activities provide the most useful information possible.

This direction will be attained by bringing policy and decision makers (those in need of information) and evaluation research professionals (those with the experience and expertise in obtaining the information) together for collaboration and communication. Through such an effort, the needs and concerns expressed by decision makers can be translated with the evaluator's assistance into questions that are capable of being addressed through an evaluation study.

In deciding which programs will be evaluated, the following questions will be considered:

- How central is the project to the state's strategy and what contribution will the evaluation finding make toward assessing the impact of the strategy?

- Are the project's objectives such that progress toward ~~meeting~~ them is difficult to estimate accurately with existing monitoring procedures?
- How much knowledge exists about the effectiveness of the type of project being supported?

Two third-party evaluations are presently underway - evaluation of community-based policing in Joliet and Aurora, and an evaluation of PreStart, an alternative to parole.

Training and Technical Assistance Priorities

No specific requests for technical assistance are being made at this time. The Authority has, however, requested assistance in the past and will do so again if a need arises once negotiation of programs with local jurisdictions is underway.

Research Priorities

Completion of the state strategy suggested voids in areas which might be satisfied by research:

The relationship between trafficking and street gangs, motorcycle gangs, organized crime.

The relationship between violent crime and drug use.

The effectiveness of various criminal sanctions on offenders.

Mechanisms for uniform data collection and analysis.

The relationship between environmental factors, drug use and ~~crime~~.

PROGRAMS TO BE FUNDED

ATTACHMENT A
PROGRAM LIST WORKPLAN
FISCAL YEAR 1992 FUNDING

OMB No. 1121-0151
Expires 09-30-93

State: Illinois

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PURPOSE	PROGRAM TITLE	BJA APPROVED PROGRAM PROGRAM BRIEF TITLE OR DATE	NUMBER OF AWARDS	AMOUNT OF FEDERAL FUNDS		MATCH AMOUNT	PASS-THROUGH AMOUNT
				STATE AGENCIES	LOCAL AGENCIES		
501 (b) (2)	Multi-Jurisdictional Enforcement Multi-Jurisdictional Prosecution Drug Conspiracy	1989	23		\$1,309,384	\$436,461	\$1,309,384
		1989	9		\$1,909,865	\$636,622	\$1,909,865
		BJA Approval Needed	2	\$800,000		\$266,667	\$0
501 (b) (4)	Mid-level Drug Trafficking	BJA Approval Needed	1		\$713,000	\$237,667	\$713,000
		1990	1	\$153,750		\$51,250	\$0
501 (b) (7)	Legal Consequences of Drug Abuse	1991	1	\$135,000		\$45,000	\$0
		1990	1	\$300,000		\$100,000	\$0
		BJA Approval Needed	2		\$500,000	\$166,667	\$500,000
501 (b) (8)	Drug Appeals Unit	1991	1	\$150,000		\$50,000	\$0
501 (b) (9)	Financial Reporting	1989	1	\$120,000		\$40,000	\$0
501 (b) (10)	Drug Appeals Unit (Public Defender) Specialized Public Defender Services	1991	1	\$150,000		\$50,000	\$0
		1991	6		\$350,000	\$116,667	\$350,000

**ATTACHMENT A
PROGRAM LIST WORKPLAN**

FISCAL YEAR 1992 FUNDING

OMB No. 1121-0151
Expires 09-30-93

State: Illinois

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PURPOSE	PROGRAM TITLE	BJA APPROVED PROGRAM PROGRAM BRIEF TITLE OR DATE	NUMBER OF AWARDS	AMOUNT OF FEDERAL FUNDS		MATCH AMOUNT	PASS-THROUGH AMOUNT
				STATE AGENCIES	LOCAL AGENCIES		
501(b)(11)	Offender Education, Treatment & Release	1990	1	\$2,372,148		\$790,716	\$0
501(b)(15A)	DNA Testing	1989	1	\$406,136		\$135,379	\$0
	Latent Print Analysis	1989	1	\$75,000		\$25,000	\$0
501(b)(15B)	Criminal History Record Improvement	BJA Approval Needed	2	\$311,780	\$566,720	\$292,833	\$566,720
501(b)(16)	East St. Louis Anti-Drug Initiative	1990	2		\$1,000,000	\$333,333	\$1,000,000
	Violence Reduction in Urban Areas	BJA Approval Needed	1		\$250,000	\$83,333	\$250,000
	South Suburban Cook County Anti-Drug Initiative	BJA Approval Needed	3		\$500,000	\$166,667	\$500,000
501(b)(18)	System Response to Victims	BJA Approval Needed	1	\$100,000		\$33,333	\$0
501(b)(19)	Evaluation	1990	1	\$850,000		\$283,333	\$0
501(b)(20)	Alternatives to Detention	BJA Approval Needed	7		\$1,141,472	\$380,491	\$1,141,472

ATTACHMENT A
PROGRAM LIST WORKPLAN
FISCAL YEAR 1992 FUNDING

OMB No. 1121-0151
Expires 09-30-93

State: Illinois

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PURPOSE	PROGRAM TITLE	BJA APPROVED PROGRAM PROGRAM BRIEF TITLE OR DATE	NUMBER OF AWARDS	AMOUNT OF FEDERAL FUNDS		MATCH AMOUNT	PASS-THROUGH AMOUNT
				STATE AGENCIES	LOCAL AGENCIES		
501(b)(21)	Nuisance Abatement Community Policing	1990 1990	2		\$1,227,245	\$409,082	\$1,227,245
			1		\$1,300,000	\$433,333	\$1,300,000
	TOTAL			\$5,923,814	\$10,767,686	\$5,563,833	\$10,767,686
	Administration		1	\$878,500		\$292,834	\$566,721
	GRAND TOTAL			\$6,802,314	\$10,767,686	\$5,856,667	\$11,334,407

Section III. Data Requirements

Report Period 1990

STATE AND LOCAL DRUG ARRESTS

Please indicate the total number of drug-related arrests made by state and local law enforcement agencies in the state during the report period.

OFFENSE	MAJOR DRUG INVOLVED							TOTAL
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	
Buying/ Receiving								
Cultivation/ Manufacture			97				973	1,070
Distribution/ Sale			1,058				3,725	4,783
Operation/ Promoting/ Assisting								
Possession/ Concealing			14,557				26,064	40,621
Transportation/ Importation								
Consuming/ Using								
Other			159				609	768
Total			15,871				31,371	47,242
Number of Agencies Reporting <u>*</u>				Percent of Population Served <u>Statewide</u>				

* I-UCR, CPD, and MEG units

Report Period 1990

STATE AND LOCAL DRUG ARRESTS MADE WITH FEDERAL COOPERATION

Please indicate the number of arrests (also include above) which were made in cooperation with Federal agencies.

OFFENSE	MAJOR DRUG INVOLVED							TOTAL
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	
Buying/ Receiving								
Cultivation/ Manufacture			2		1			3
Distribution/ Sale	3	44	1	1	1		1	51
Operation/ Promoting/ Assisting								
Possession/ Concealing	3	34	26				1	64
Transportation/ Importation	1							1
Consuming/ Using								
Other	4	9	7		1		2	23
Total	11	37	36	1	3		4	142
Number of Agencies Reporting <u>DEA</u>				Percent of Population Served <u>Statewide</u>				

Report Period 1990**DRUG-RELATED INCIDENTS**

Please indicate the number of drug-related deaths, accidents and emergency room incidents. For emergency room incidents, please show the number of drug mentions within the chart and indicate the total number of episodes (drug-related visits to an emergency room) in the space provided below the chart. The drug mentions may exceed the number of episodes, as more than one drug may be mentioned.

INCIDENT	MAJOR DRUG INVOLVED							
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	TOTAL
Death	232	126	1	24	22	8	308	721
Emergency Rm. Incident	2,131	4,904	988	944	283	1,100	13,266	23,616
Fatal Traffic Accident								
Non-Fatal Traffic Accident								
Drug-Exposed Births							2,404	2,404
Total	2,363	5,030	989	968	305	1,108	15,978	26,741
Total Emergency Room Episodes <u>14,125</u> Number of Agencies Reporting Deaths <u>5</u>								
Number of Agencies Reporting Emer. Rm. Incidents <u>35</u> Percent of Population Served <u>Chicago</u> SMSA								
Number of Agencies Reporting Drug-Exposed Births <u>Statewide</u>								

Total M.E. episodes 321 deaths

Report Period 1990/1991 school year**DRUG-RELATED SCHOOL INCIDENTS**

Please indicate the number of drug-related disciplinary actions reported by the schools.

ACTION FOR DRUG USE	TYPE OF DRUG							TOTAL
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	
Suspension								
Expulsion								
ACTION FOR SELLING DRUGS								
Suspension								
Expulsion								
Total			123				141*	264
Number of Agencies Reporting <u>1</u>				Percent of Population Served <u>Chicago only</u>				

* Includes opiates, cocaine, and other dangerous drugs.

Drug-Related ER Mentions
2 Year Trend Analysis

<u>Time Period</u>	<u>MAJOR DRUG INVOLVED</u>						<u>Total</u>
	<u>Opiates</u>	<u>Cocaine</u>	<u>Cannabis</u>	<u>Hallucin.</u>	<u>Stimulant</u>	<u>Depress.</u>	
- 1989 -	2,200	6,509	1,281	1,179	269	1,029	27,355
- 1990 -	2,131	4,904	988	944	283	1,100	23,616

Arrests for Cannabis and Controlled Substances by County Population

<u>County Population</u>	<u># of Cannabis Arrests</u>				<u># Controlled Substance Arrests</u>			
	<u>Possession</u>		<u>Delivery</u>		<u>Possession</u>		<u>Delivery</u>	
	<u>Total Arrests</u>	<u>Rate per 100,000</u>	<u>Total Arrests</u>	<u>Rate per 100,000</u>	<u>Total Arrests</u>	<u>Rate per 100,000</u>	<u>Total Arrests</u>	<u>Rate per 100,000</u>
4833 - 9,999 n = 13	29	34	11	13	3	4	7	8
10,000 - 25,999 n = 38	347	56	82	13	61	10	63	10
26,000 - 49,999 n = 24	433	50	96	11	83	10	61	7
50,000 - 149,999 n = 15	1,002	78	207	16	446	35	309	24
150,000 - 1,000,000 n = 11	2,246	65	412	12	1,261	36	914	26
Over 1,000,000 n = 1	10,415	301	250	7	24,085	697	2,535	73

Report Period 1990

STATE AND LOCAL DRUG DISPOSITIONS

Please indicate the results, by defendant, of cases reaching disposition during the report period. Because of the time lag between arrest and disposition, the arrests reported in the previous chart and the dispositions reported in this chart may refer to different cases.

DISPOSITION	MAJOR DRUG INVOLVED							TOTAL
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	
Convicted	22	1,148	191	23			38	1,422
Acquitted	7	123	12				32	174
Dismissed								
Declined								
Unknown								
Total	29	1,271	203	23			70	1,596
Number of Agencies Reporting <u>6*</u> Percent of Population Served _____								

* Multi-jurisdictional drug prosecution programs

Report Period 1990

STATE AND LOCAL DRUG CONVICTIONS

Please indicate the number of drug-related convictions within the state during the report period.

OFFENSE	MAJOR DRUG INVOLVED							TOTAL
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	
Buying/ Receiving								
Cultivation/ Manufacture								
Distribution/ Sale								
Operation/ Promoting/ Assisting								
Possession/ Concealing								
Transportation/ Importation								
Consuming/ Using								
Other								
Total	22	1,148	191	23			38	1,422
Number of Agencies Reporting <u>*</u> Percent of Population Served _____								

* Multi-jurisdictional drug prosecution programs

STATE AND LOCAL DRUG SENTENCES

Please indicate the type of sentence for those convicted of drug-related offenses during the report period. If the sentence includes a combination of sentencing alternatives, show the conviction as receiving the most serious sentence. Alternatives are listed in order of seriousness, with prison being the most serious.

ALTERNATIVE	MAJOR DRUG INVOLVED							
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	TOTAL
Prison	13	400	12	4			12	441
Local Jail		9	5				2	16
Probation and Jail	3	237	35	4			3	282
Community Corrections	1	21						22
Probation	5	446	135	15			19	620
Fine								
Suspended Sentence								
Deferred Judgement								
Other		35	4				2	41
Total	22	1,148	191	23			38	1,422
Number of Agencies Reporting <u>6*</u> Percent of Population Served _____								

*Multi-jurisdictional drug prosecution programs

Report Period 1990

SENTENCE LENGTH FOR DRUG-RELATED OFFENSES

Please indicate the average sentence length for offenders convicted of drug-related offenses who were sentenced to prison during the report period. Please show the average sentence length in months.

OFFENSE	MAJOR DRUG INVOLVED							
	OPIATES	COCAINE	CANNABIS	HALLU- CINOGENS	STIMULANTS	DEPRES- SANTS	UNKNOWN/ OTHER	TOTAL
Buying/ Receiving								
Cultivation/ Manufacture								
Distribution/ Sale								* 72 months
Operation/ Promoting/ Assisting								
Possession/ Concealing			** 18 months					
Transportation/ Importation								
Consuming/ Using								
Other								
Total								
Number of Agencies Reporting <u>IDOC</u> Percent of Population Served <u>Statewide</u>								

STATE AND LOCAL TREATMENT RESOURCES

Please indicate the total public drug treatment resources (government operated or contracted) available within the state and resources available to drug offenders during the report period. Also indicate the number of clients served, the average waiting period for admission, and the number of individuals on a waiting list on September 30.

TOTAL DRUG TREATMENT	BED SPACE/SLOTS AVAILABLE	DRUG CLIENTS SERVED	AVERAGE WAIT FOR ADMISSION	NUMBER ON WAITING LIST
Self-help				
Inpatient/Hospital-based				
Therapeutic Community				
Residential	1,922 beds	16,813		
Day Care				
Methadone **	80 resid. beds 32 programs	* 3,048		
Outpatient Drug-free	581 programs	14,646		
Other				

* Includes 61 methadone clients whose primary substance of abuse was alcohol

** 80 beds in residential service system and 32 programs in outpatient system

DRUG TREATMENT RESOURCES DEDICATED TO CRIMINAL JUSTICE CLIENTS	BED SPACE/SLOTS AVAILABLE	CLIENTS SERVED	AVERAGE WAIT FOR ADMISSION
Self-help			
Inpatient/Hospital-based			
Therapeutic Community			
Residential		2,572	
Day Care			
Methadone		223	
Outpatient Drug-free		4,218	
Other			3-6 months
Number of Agencies Reporting <u>DASA</u>		Percent of Population Served _____	

waiting list of 372 / September 1991

DRUG TREATMENT PROGRAMS WITHIN CORRECTIONAL FACILITIES	CLIENTS SERVED IN ADULT FACILITIES	CLIENTS SERVED IN JUVENILE FACILITIES
Self-help		
Education	1,025	
Special Programming (eg., therapeutic communities, ethnic programs) Please describe the types of programs on a separate page.	1,326	
Number of Agencies Reporting *		Percent of Population Served _____

* IDOC, Gateway/Cook Co. Jail, and St.Clair Co. Jail

Report Period 1990**STATE AND LOCAL DRUG SEIZURES**

Please indicate the total amount of drugs seized by state and local agencies during the report period. Report opiates and cocaine in kilograms, cannabis in pounds and other drugs in dosages.

TYPE OF DRUG	AMOUNT OF SEIZURE
OPIATES	23.11 kilos
Heroin	(23.10)
Opium	
Morphine	(.01)
COCAINE	502.81 kilos
Crack	3.85 kilos
CANNABIS	4,928.00 pounds
Marijuana	(4,927.93)
Hashish	(.07)
Hash Oil	
OTHER DRUGS	5.087 kilos & 188,181 dosages
Methamphetamines/Amphetamines	(.782 kilos)
Other Stimulants	(2,139 dosages)
Barbiturates	(.398 kilos)
Other Depressants	(796 dosages)
PCP	(3.790 kilos)
LSD	(.117 kilos)
Other Hallucinogens	(184,977 dosages)
UNKNOWN/OTHER	(269 dosages)
Number of Agencies Reporting <u>Statewide</u> Percent of Population Served _____	

Report Period 1990**STATE AND LOCAL DRUG ERADICATION**

Please indicate the amount of marijuana eradicated within the state through state and local efforts. The size of the plot and the means of destruction determine the common method of reporting the amount of drugs eradicated. Please report the number of plants destroyed or the number of acres of marijuana destroyed. Both methods may be used for different plots.

TYPE OF MARIJUANA DESTROYED	AMOUNT OF MARIJUANA DESTROYED
Cultivated	288,167
Wild (Ditchweed)	2,863,681
Number of Agencies Reporting <u>Cash Crop</u> Percent of Population Served <u>Statewide</u>	

Report Period FY91**NON-DRUG ASSETS SEIZURES AND FORFEITURES**

Please indicate the number of non-drug assets seized or forfeited involving state and local agencies during the report period and estimated dollar amounts of the assets. Please provide the same information for seizures and forfeitures (also included in state and local figures) in which there was Federal assistance.

STATE AND LOCAL AGENCIES	ASSET SEIZURES		ASSET FORFEITURES	
	NUMBER OF SEIZURES	DOLLAR AMOUNT	NUMBER OF FORFEITURES	DOLLAR AMOUNT
Vehicles				
Vessels				
Aircraft				
Currency				
Other Financial Instruments				
Real Property				
Weapons				
Other				\$9,123,503
WITH FEDERAL ASSISTANCE				
Vehicles	427	\$2,728,314	258	\$2,073,557
Vessels	4	\$57,860	2	\$41,245
Aircraft	2	\$360,000	1	\$98,000
Currency	244	\$11,585,876	275	\$7,763,371
Other Financial Instruments	5	\$10,448	3	\$4,148
Real Property	90	\$8,111,601	68	\$5,334,381
Weapons	1	\$100	25	\$288,140
Other	102	\$1,695,466	50	\$586,360
Number of Agencies Reporting <u>*</u> Percent of Population Served <u>Statewide</u>				

* U.S. Marshal & Illinois State Police Forfeiture Fund

Report Period 1991**STATE AND LOCAL DRUG CONTROL UNITS**

Please indicate the number of agencies in the state which have drug control units and the number of full-time equivalent employees (FTE) assigned to the unit.

TYPE OF AGENCY	NUMBER OF AGENCIES WITH DRUG UNITS	FTE ASSIGNED
State Law Enforcement Agency	1	
Statewide Drug Enforcement Task Force	23	
Local Law Enforcement Agencies		
Local Drug Enforcement Task Force		
State Prosecutors	2	
Local Prosecutors	6	
Number of Agencies Reporting _____ Percent of Population Served _____		

Report Period 1990

STATE AND LOCAL ARRESTS AND DISPOSITIONS FOR VIOLENT CRIMES

Please indicate the total number of arrests for violent crimes made by state and local law enforcement agencies in the state during the report period. Also indicate the results, by defendant, of cases reaching disposition during the report period and the type of sentence for those convicted of violent crimes during the report period. If the sentence includes a combination of sentencing alternatives, show the conviction under the most severe sentence. Alternatives are listed in order of seriousness, with prison being the most severe. Because of the time lag between arrest, disposition and sentencing, the total arrest, dispositions and sentences may refer to different cases.

	MURDER AND NON-NEGLIGENT MANSLAUGHTER	FORCIBLE RAPE	ROBBERY	AGGRAVATED ASSAULT	BURGLARY
ARRESTS	1,207	1,874	7,076	15,942	15,429
DISPOSITIONS					
Convicted					
Acquitted					
Dismissed					
Declined					
Unknown					
Total					
SENTENCES FOR THOSE CONVICTED					
Prison					
Local Jail					
Community Corrections					
Probation					
Fine					
Suspended Sentence					
Deferred Judgement					
Other					
Total					
Number of Agencies Reporting Arrests <u>Statewide</u>			Percent of Population Served _____		
Number of Agencies Reporting Dispositions _____			Percent of Population Served _____		
Number of Agencies Reporting Sentences _____			Percent of Population Served _____		

Statewide disposition and sentencing data are reported only by felony class and not by specific offense type.

APPENDIX A
NOTICE OF HEARINGS



PUBLIC HEARINGS

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

Testimony sought for Drug Enforcement and Victim Assistance Programs in Illinois

November 19

Springfield

Sangamon State University
Conference Room C/D

November 20

Chicago

University of Illinois at Chicago
Chicago Circle Center
(750 South Halsted)
Cornucopia Room

Testimony begins at 8:30 a.m. Presentations should not exceed 10 minutes. Written copies of testimony should be submitted.

Registration is required, please see back page for details.

The Illinois Criminal Justice Information Authority has administered Illinois' federal drug law enforcement program since Congress made funds available to states in Federal Fiscal Year 1987. In that time, the federal funds received by Illinois have ranged from a low of \$1.8 million in FFY 88, to a high of nearly \$18 million in FFY 91. In FFY 92, Illinois is once again expected to receive just under \$18 million for drug law enforcement and violent crime control. Since the funds available are insufficient to pay for the needed programs, the Authority annually narrows the types of programs eligible for funding and allocates the funds using several criteria. These include the need for intervention, ability to provide matching funds, and projected impact upon the community.

The Authority has also administered Illinois' victim's assistance funds since they became available in 1986. Last year Illinois received \$2.8 million through the Victims of Crime Act. The Authority expects to receive approximately the same amount for FFY 92.

You are invited to testify on the Anti-Drug Abuse Act of 1988 and/or the Victims of Crime Act, to assist the Authority in targeting programs in Illinois so the impact of the federal funds is maximized.

Testimony

Anti-Drug Abuse Act Testimony

In preparing testimony please address the following:

- Please identify the problem(s) facing your agency with respect to the purpose of the funds.
- Submit data to support your testimony.
- Identify what resources are currently available to address the problem(s).
- Explain why a particular approach to the problem(s) show(s) more promise than other approaches
- Discuss the relevance of recent developments in law enforcement—technological advances, multi-jurisdictional initiatives, community policing, increased use of civil alternatives, etc.—in your community's efforts to combat the trafficking and use of illegal drugs.
- Describe the impact of newly enacted (and proposed) state and federal requirements—drug-free workplace, reporting of convicted aliens, HIV testing of sex offenders, use of funds for drug testing, and reporting of case dispositions—on your program.

Victims of Crime Act Testimony

In preparing testimony, please address the following:

- The needs of different victim populations and the current resources available to serve them.
- The needs of underserved victims and the current resources available to serve them.
- The impact of VOCA funds to date.
- Any changes observed in the needs of victims, or their treatment by the criminal justice system.

Witness Fact Sheet for 1991 Public Hearings

The U.S. Department of Justice has not notified the Authority of the exact FFY 92 funding level for the Anti-Drug Abuse Act or the Victims of Crime Act. However, federal law requires the submission of a state drug strategy 60 days after enactment of the FFY 92 appropriation. So, the Authority is proceeding with public hearings on both of these federal grant programs. Since few changes to the state block grant program sections of the drug enforcement program have been proposed, it is assumed that most of the same provisions and regulations will be in force for the coming federal fiscal year. No major changes to the FFY 92 victim assistance program are expected either.

Anti-Drug Abuse Act Program

Nationwide, \$423 million in FFY 92 block grant funds may be available for state and local drug and violent crime control programs. If this appropriation is approved, Illinois' share of these funds would once again be just under \$18 million.

The Authority may use up to 10 percent of the funds to administer the program. (Since FFY 90, however, the Authority has used a maximum of 5 percent of the funds for program administration.) As required by the act, 65 percent of the funds will be allocated to local units of government and at least 5 percent of the funds will be used for the improvement of criminal justice records. The remaining funds will be awarded to state agencies. It is expected that one local or state matching dollar will be required for each three federal dollars awarded.

The purpose of the Act is to assist states and units of local government in enforcing drug laws and to improve the functioning of the criminal justice system with emphasis on violent crime and serious offenders. Criminal justice and drug enforcement programs funded under this Act can provide additional personnel, equipment, training, technical assistance, and information systems for the more widespread apprehension, prosecution, adjudication, detention, and rehabilitation of persons who violate these laws, and to assist victims of such crimes. Twenty-one specific types of activities may be funded:

- 1. Demand reduction education programs in which law enforcement officers participate.
- 2. Multi-jurisdictional task force programs that integrate federal, state, and local drug law enforcement agencies and prosecutors for the purpose of enhancing interagency coordination, intelligence, and facilitating multi-jurisdictional investigations.
- 3. Programs designed to target the domestic sources of controlled and illegal substances, such as precursor chemicals, diverted pharmaceuticals, clandestine laboratories, and cannabis cultivation.
- 4. Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions.
- 5. Disrupting illicit commerce in stolen goods and property.
- 6. Improving the investigation and prosecution of white-collar crime, organized crime, public corruption crimes, and fraud against the government with priority attention to cases involving drug-related official corruption.
- 7a. Improving the operational effectiveness of law enforcement through the use of crime analysis techniques, street sales enforcement, schoolyard violator programs, gang-related and low-income housing drug control programs, and
 - b. Developing and implementing anti-terrorism plans for deep draft ports, international airports, and other important facilities.
- 8. Career criminal prosecution programs including the development of proposed model drug control legislation.
- 9. Financial investigative programs that target the identification of money laundering operations and assets obtained through illegal drug trafficking, including the development of proposed model legislation, financial investigative training, and financial information sharing systems.

- 10. Improving the operational effectiveness of the court process, by expanding prosecutorial, defender, and judicial resources, and implementing court delay reduction programs.
- 11. Programs designed to provide additional public correctional resources and improve the corrections system, including treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies.
- 12. Providing prison industry projects designed to place inmates in a realistic working and training environment which will enable them to acquire marketable skills and to make financial payments for restitution to their victims, for support of their own families, and for support of themselves in the institution.
- 13. Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.
- 14. Developing and implementing programs which provide assistance to jurors and witnesses, and assistance (other than compensation) to victims of crimes.
- 15a. Developing programs to improve drug control technology, such as pretrial drug testing programs, programs which provide for the identification, assessment, referral to treatment, case management and monitoring of drug-dependent offenders, enhancement of state and local forensic laboratories; and
 - b. Criminal justice information systems to assist law enforcement, prosecution, courts, and corrections organizations (including automated fingerprint identification systems).
- 16. Innovative programs that demonstrate new and different approaches to enforcement, prosecution, and adjudication of drug offenses and other serious crimes.
- 17. Addressing the problems of drug trafficking and the illegal manufacture of controlled substances in public housing.
- 18. Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.
- 19. Drug control evaluation programs.
- 20. Providing alternatives to prevent detention, jail, and prison for persons who pose no danger to the community.
- 21. Programs to strengthen urban enforcement and prosecuting efforts targeted at street drug sales.

Victims of Crime Act Program

The federal Victims of Crime Act is supported by fines paid by federal offenders. The Department of Justice Office for Victims of Crime, expects the Crime Victims Fund to reach its \$150 million cap in FFY 92. Therefore, Illinois' share of the funds should be between \$2.7 million and \$2.9 million. VOCA funds are used to support programs providing assistance to victims of crime, with priority given to those programs providing direct services to victims of sexual assault, domestic violence, child abuse, or underserved victims of violent crime. Programs which provide more general victim services are also supported. A program is eligible for funding from the Authority if it:

- 1. Is operated by a public agency or non-profit organization.
- 2. Demonstrates a record of assistance to victims and financial support from sources other than the Authority.
- 3. Uses volunteers.
- 4. Promotes coordinated victim services in the community.
- 5. Helps victims seek compensation benefits.

Registration is Required

If you are interested in testifying please complete one of the forms below and mail it to:

**Federal and State Grant Units
Illinois Criminal Justice Information Authority
120 South Riverside Plaza
Chicago, Illinois 60606-3997
or register via telefax at 312-793-8422.**

Registrations must be received by **November 12**. Although it may be impossible to schedule all who want to testify, written testimony submitted by December 2 will be considered.

For further information, contact the Authority at 312-793-8550.

Name _____

Title _____

Organization _____

Address _____

**City, State
& Zip Code** _____

Phone number _____

I will testify in:

☐

Springfield 11-19

☐

Chicago 11-20

Name _____

Title _____

Organization _____

Address _____

**City, State
& Zip Code** _____

Phone number _____

I will testify in:

☐

Springfield 11-19

☐

Chicago 11-20

APPENDIX B
LIST OF WITNESSES

ANTI-DRUG ABUSE ACT OF 1988 & VICTIMS OF CRIME ACT OF 1984
Testimony Heard at the Springfield Public Hearing
November 19, 1991

Mr. Joseph Anthony, Pastor, Metro East Citizens Organization (MECCO)

Ms. Diane G. Apa, Director, Office for the Study of Child Victimization

Mr. Albert A. Apa, Executive Director, Police Training Board

Mr. Kenneth R. Baumgarten, Administrator, State 's Attorneys Appellate Prosecutor

Mr. Mike Brewers, Associate Principal, United Township High School

Mr. Harold Brignadello, Deputy Director, Multi-County Narcotics Enforcement Group &
Task Force 8

Ms. Joan Brody, Department of Alcohol and Substance Abuse (DASA)

Ms. Eunice Buck, Court Advocate, A Woman 's Place (ICADV)

Ms. Betty M. Coutts, Citizen, Citizens for Community Concerns

Mr. James Fahey, Probation Management Operations Specialist, Administrative Office
of the Illinois Courts

Hon. Lawrence Fichter, State 's Attorney, Macon County

Mr. Walter J. Ford, Chairman of Policy Board, Metropolitan Enforcement Group
Southwestern Illinois (MEGSI)

Mr. Dave Gasperin, Area Coordinator, TASC, Inc.

Ms. Anna Marie Gire, Advocate, Rape Crisis Center

Ms. Betsy Goulet, Director, Children 's Advocacy Center

Hon. Michael Grchan, Sheriff, Rock Island County Sheriff 's Office

Ms. Mary Carla Grube, Program Director, Tri-County Women Strength

Hon. Ken Hall, State Senator, Illinois State Senate

Mr. Michael Hancox, Director of Court Services, Adam 's County Court Services
Department

Ms. Melody M. Heaps, Executive Director, TASC, Inc.

Sister Cecilia Hellmann, MECCO

Lt. Robert J. Henry, MEGSI/DELTA FORCE

Ms. Deneta Horne, Client, Rape Crisis Center

Mr. Pat Hughes, Legal Director, State Appellate Defender

Mr. Bruce Irish, Mt. Vernon Drug Free Advisory Board

Mr. Arthur Johnson, Chairman Drugs & Crime, MECCO

Mr. Robert C. Jones, Organizer, MECCO

Mr. Jere Juenger, Director, MEGSI

Ms. Dora Larson, Executive Director, Protecting All Children Together (PACT)

Mr. Bruce D. Locher, Attorney at Law, Sangamon County Public Defender 's Office

Mr. Ron Massey, Chief of Police, Mt. Vernon Police Department

Mr. Kevin McClain, Police Training Board

Mr. Charles McDonald, Chief of Police, Southern Illinois University

Ms. Katy McFall, Executive Director, VORP of McLean County

M/Sgt. Charles McGrew, Supervisor, East Central Illinois Task Force

Hon. Robert Nall, Sheriff, Adams County

Mr. Dennis Nowicki, Chief of Police, Joliet Police Department/Police **Chiefs** of Will
County

Ms. Mary Ellen O 'Shaughnessey, Assistant to the Dean of Students,
University of Illinois

Mr. William C. Ogden, Deputy Chief, Special Programs

Hon. Nancy Owen, State 's Attorney, Cole County

Mr. William Pierce, Chairman, MEGSI

Mr. David M. Reed, Commander, Blackhawk Area Task Force

Mr. John J. Rekowski, President, Illinois Public Defender Association

Mr. Mark Ross, Office of the State's Attorneys Appellate Prosecutor

Mr. Anthony R. Scott, Chief of Police, Rock Island Police Department

Mr. R.J. Shannahan, Director, Quad-Cities MEG

Mr. Robert Starke, Chief of Police, Romeoville Police Department

Mr. Larry G. Thoren, Chief of Police, Rock Falls Police Department

Mr. David VanLandegen, Director, Rock Island County Court Services

Ms. Kris Wessel, Coordinator, Rape Action Committee

Mr. Robert A. Yedinak, Director/Squad Supervisor, ISP-Division of Criminal Investigation

ANTI-DRUG ABUSE ACT OF 1988 & VICTIMS OF CRIME ACT OF 1984
Testimony Heard at the Chicago Public Hearing
November 20, 1991

Mr. Darwin Adams, Youth Officer, Streamwood Police Department

Dr. Carl C. Bell, M.D., Executive Director, Community Mental Health Council

Ms. Mary L. Boland, Staff Attorney, Illinois Coalition Against Sexual Assault

Mr. F. Thomas Braglia, Director, Northeastern Metropolitan Enforcement Group
(NEMEG)

Mr. Gilbert Brown, Assistant Chief Probation Officer, Cook County Adult Probation
Department

Mr. W. Burke, Chief, Cook County Sheriff's Police

Ms. Nancy Cleveland, Commission on Human Relations/City of Chicago

Lt. Michael Cushing, Chicago Police Department

M/Sgt. Angelo DeFranco, North Central Narcotics Task Force

Ms. Jodi Gibson, Program Coordinator, Northwest Action Against Rape

Hon. Gary V. Johnson, State's Attorney, Kane County

Ms. Heidi Kon, Director, Rape Victims Services/Edgewater Uptown Community Mental
Health Center

Mr. Darryl Lindberg, Policy Board Chairman, State Line Area Narcotics Teams
(SLANT)

Mr. Larry Mason, Operation Supervisor, Lake County MEG

Mr. Joe Mayo, Director of Investigations, Attorney General's Office

Ms. Denise L. McDonald, Victim Services Director, MADD-Illinois

Ms. Denise Miles, Executive Director, Chicago Sexual Assault Services Network

Mr. John Millner, Chairman of DuPage MEG /Chief of Elmhurst

Mr. Lawrence Mulcrone, Director, DuPage MEG

Mr. Keith Nygren, Policy Board Chairman, North Central Narcotics Task Force

Hon. Jack O'Malley, State's Attorney, Cook County

Hon. J.D. Obenberger, Chairman, Judiciary Committee

Sgt. Frank Pierczynski, Chicago Police Department

Cmdr. Charles Ramsey, Chicago Police Department

Mr. Rick Rokusek, Director, North Central Narcotics Task Force

Hon. James E. Ryan, State's Attorney, DuPage County State's Attorney's Office

Mr. Bradley A. Sauer, Police Officer, Sugar Grove Police Department

Dr. Anthony Schaab, Chief, Mental Health Services

Mr. Frank Schmitt, Director, Metropolitan Area Narcotics Squad (MANS)

Mr. Tom Scott, Director of Adult Court Services, Kane County Court Services
Department

Ms. Elizabeth Shuman-Moore, Director, Project to Combat Bias Violence

Mr. George Smith, Chief of Police, Highwood Police Department

Ms. Denyse Snyder, Program Coordinator, Community Mental Health Council

Ms. Stacy Spence, Victim Advocate /Volunteer Coordinator, Growing Strong Sexual
Assault Center

Sgt. Henry Spight, Cook County Sheriff's Police

Mr. Allan Taylor, Captain, Cook County Sheriff's Office

Ms. Barbara Thrasher, Program Manager, Chicago Housing Authority

Mr. Hal Wallace, Director of Program Development, Attorney General's Office

Mr. William Willis, Captain /Zone 10 Commander, CANE/DANE Task Force

ANTI-DRUG ABUSE ACT 1988 & VICTIMS OF CRIME ACT 1984
Written Testimony Received

Ms. Rebecca Ales, Executive Director, Rock Island Housing Authority

Mr. Jeffrey Anderson, Treatment Services Manager, Council on Children at Risk

Ms. Cheryl Archille, Director of Social Services, Winfield Moody Health Center

Mr. R.W. Bishop, Executive Director, Youth Services Bureau

Mr. Gary Brown, Superintendent, Arrowhead Ranch

Ms. Patricia Bruwaene, President, Illinois Quad-City Chamber of Commerce

Mr. Gerald Bustos, Investigator, Rock Island County Sheriff's Office

Mr. J.S. Chisholm, Sergeant, Rock Island County Sheriff's Office

Ms. Joan Clark, Executive Director, Community Caring Conference

Hon. Dan Crumrin, Sheriff, Clark County Sheriff's Office

Mr. Adolph DeFauw, Chief of Police, City of East Moline Police Department

Hon. Marshall Douglas, State's Attorney, Rock Island County

Hon. Chalmer Emmendorfer, Mayor, City of East Moline

Mr. F. Steven Etheridge, Chief of Police, Moline Police Department

Mr. Michael Freda, Director of Planning, Robert Young Center for Community Mental Health

Mr. Terrance W. Gainer, Director, Illinois State Police

Ms. Kay Gardner, Vice President, Family Resources

Mr. Robert J. Garrison, President, United Way, Moline Chapter

Mr. Rufus Greer, Program Manager, SAFER Foundation

Ms. Janice Guidry, Director, Martin Luther King Community Center

Ms. Patricia Hendrickson, Vice President, Quad-Cities Fighting Back

Hon. Ralph Hensen, Sheriff, Ford County Sheriff's Office

Mr. Peter N. Ishibashi, Assistant State's Attorney, Rock Island County State's Attorney's Office

Mr. Ronald Janota, Director, Kankakee Area Metropolitan Enforcement Group

Mr. Tom Kilhoffer, Director, Vermilion County MEG

Mr. Gary Koeller, Administrative Assistant/Student Affairs, Moline School District

Mr. John A. Kornak, Assistant State's Attorney, Lake County State's Attorney's Office

Mr. George P. Kratchovil, Chief of Police, Village of North Riverside Police Department

Mr. Stephen T. Kunce, Director, Southern Illinois Enforcement Group

Mr. Tad Leach, Chief of Police, Lincolnwood Police Department

Ms. Jeanne Locklear, Assistant Director, Southwestern IL Law Enforcement Commission

Mr. James Long, Director, Illinois Department of Alcohol and Substance Abuse

Hon. Kevin Lyons, State's Attorney, Lake County State's Attorney's Office

Mr. Scott Mansfield, Chief Assistant, St. Clair County Public Defender

Hon. Allen R. McCaulley, Mayor, City of Moline

Ms. Rachel Mueller, County of Rock Island

Mr. Paul E. Mulcahey, Chairman, Rock Island County Board

Ms. Jareldeen Palos, Executive Director, Moline Housing Authority

Ms. Joyce Pruitt, Executive Director, Illinois Coalition Against Domestic Violence

Hon. Gary V. Pumilia, Public Defender, Winnebago County

Hon. Charles G. Reynard, State's Attorney, McLean County State's Attorney's Office

Mr. John Schlaf, Chief of Police, Knox County Sheriff's Department

Hon. Mark W. Schwiebert, Mayor, City of Rock Island

Mr. Anthony Scott, Chief of Police, City of Rock Island

Hon. George P. Shadid, Sheriff, Peoria County Sheriff's Office

Hon. Michael Sheahan, Sheriff, Cook County Sheriff's Office

Mr. Edward Sindles, Lake County Sheriff's Office

Mr. Robert B. Spence, Assistant State's Attorney, DuPage County State's Attorney's Office

Mr. Steven Struble, Captain, Illinois State Police, District 7

Ms. Lynn VanDeWalle, Child Welfare Specialist, Department of Child and Family Services, Moline

Mr. Joseph Vermiere, Regional Superintendent of Schools, Rock Island Educational Service Region

Ms. Linda S. Wilkins, Victim Coordinator, Rock Island County State's Attorney's Office

Mr. Robert Willis, Superintendent, Rock Island Public Schools



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